

<p><b>CDQ or PSQ Transfer Request Community Development Quota (CDQ) Program</b></p>	<p>NOAA/National Marine Fisheries Service Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 Fax: 907-586-7131 Telephone: 907-586-7228</p>
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This form should be completed and signed by a representative from each group proposing to transfer annual amounts of CDQ or Prohibited Species Quota (PSQ).

<b>BLOCK A. TRANSFERRING CDQ GROUP INFORMATION</b>					
1. Group Name or Initials			2. Group Number		
3. Telephone No.		4. Fax No.		5. e-mail Address (if available)	
6. Representative=s Name			7. Signature		
<b>BLOCK B. RECEIVING CDQ GROUP INFORMATION</b>					
1. Group Name or Initials			2. Group Number		
3. Telephone No.		4. Fax No.		5. e-mail Address (if available)	
6. Representative=s Name			7. Signature		
<b>BLOCK C. CDQ AMOUNT TRANSFERRED</b>					
Species or Species Category	Area	Amount (mt)	Species or Species Category	Area	Amount (mt)
<b>BLOCK D. PSQ AMOUNT TRANSFERRED</b>					
Species or Species Category	Crab Zone	<input type="checkbox"/> Number of animals or <input type="checkbox"/> mt	Species or Species Category	Crab Zone	<input type="checkbox"/> Number of animals or <input type="checkbox"/> mt
<b>BLOCK E. TRANSFER YEAR</b>					
Specify the year to which this transfer applies:					

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage the commercial fishing effort of the CDQ program in the BSAI under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**Instructions**  
**CDQ or PSQ Transfer Request**  
**CDQ Program**

A Western Alaska Community Development Quota (CDQ) group may request to transfer all or part of its annual CDQ or PSQ for a species or species category to another group. Once approved, a CDQ or PSQ transfer is effective for the year for which the transfer is requested.

Type or print legibly in ink; retain a copy of completed application for your records.

When complete, mail application to:

**NMFS Alaska Region**  
**Sustainable Fisheries Division**  
**P.O. Box 21668**  
**Juneau, AK 99802-1668**

Or fax to:      **FAX: (907) 586-7131**

If you need additional information regarding transfers of CDQ and PSQ, contact Sustainable Fisheries Division at 907-586-7228. Also, regulations at 50 CFR part 679, Subpart C, are available at NMFS Alaska Region web site at <http://alaskafisheries.noaa.gov>.

Enter the following information for each transfer.

***Block A. Transferring CDQ Group Information***

1. Name or initials of CDQ group
2. CDQ group number
- 3-5. Business telephone number, business fax number, and business e-mail address
- 6-7. Printed name and signature of CDQ representative

***Block B. Receiving CDQ Group Information***

1. Name or initials of CDQ group
2. CDQ group number
- 3-5. Business telephone number, business fax number, and business e-mail address
- 6-7. Printed name and signature of CDQ representative

***Block C. CDQ Amount Transferred***

1. Species or Species Category. For each species for which a transfer is being requested, enter the species name or species category.
2. Area. Enter the particular management area associated with a species category, such as Eastern Aleutian Islands (EAI), if applicable.
3. Amount. Specify the amount being transferred. For groundfish, specify transfer amounts to the nearest 0.001 metric tons. For halibut CDQ, specify the amount in pounds (net weight).

***Block D. PSQ Amount Transferred***

1. Species or Species Category. For each PSQ species for which a transfer is being requested, enter the species name or species category.
2. Crab Zone. For crab only, designate the appropriate zone for each PSQ being transferred (e.g. Zone 2), if applicable.
3. Amount. Specify the amount being transferred. For crab and salmon, specify transfer amounts in numbers of animals. For halibut, specify the amount to the nearest 0.001 metric tons.

***Block E. Transfer Year*** - Specify which year's CDQ or PSQ is requested to be transferred.