OMB Control No. 0648-XXXX Expiration Date: XX/XX/XX

ANNUAL

AMENDMENT 91 AFA POLLOCK FISHERY

CHINOOK PSC ALLOCATION IN-SEASON COMPENSATED TRANSFER REPORT CALENDAR YEAR 2011

This form can be downloaded from http://www.fakr.noaa.gov



PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 40 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of 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 commercial fishing efforts for groundfish under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.) as amended by the Magnuson-Stevens Fishery Management and Conservation Reauthorization Act of 2006; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

ANNUAL CHINOOK PSC COMPENSATED TRANSFER REPORT

Introduction

An owner or leaseholder of an AFA permitted vessel and the representative of any entity that received an allocation of Chinook PSC from NMFS must submit a Compensated Transfer Report (CTR) Part 1 each year, for the previous calendar year. In addition, any person who paid or received money for a transfer of Chinook salmon PSC allocation after January 20 must submit a completed CTR (Part 1 and Part 2) for the previous calendar year. Each year, the completed CTR must be submitted on or before 1700 hours A.I.t. on June 1, The CTR must be submitted to the NMFS Data Collection Agent (DCA), Pacific States Marine Fisheries Commission, at the address below:

Pacific States Marine Fisheries Commission NMFS Economic Data Reports 205 SE Spokane, Suite 100 Portland, OR 97202 FAX No. 503-595-3450 EMAIL:CTR@psmfc.org For more information, or if you have questions, please call toll free 1-877-741-8913

PART 1: CERTIFICATION PAGE - 1 of 2

This is a **required form.** Provide all information requested below.

Entity Inform Check the appr	n ation ropriate entity type and record the name and l	NMFS ID) for the entity.		
Reporting Entity Type	☐ AFA Vessel		□ IPA		
(Check One)	☐ Inshore Cooperative		□ Sector-level Entity		
	□ CDQ Group		☐Other: describe		
Name of Reporting Entity		AFA Permit Number or Entity NMFS ID			
Person Com	npleting this Report				
Check one:					
	ive for an IPA, Inshore Cooperative, Sector-L vidual registered with NMFS as the represent		ity, or CDQ Group (record the name and NMFS		
☐ Vessel Owne	er/Leaseholder (Provide the name, title, and o	ontact in	nformation for the individual submitting the form)		
	nated Representative (complete all information				
Name		Title/NI	MES ID		
Business Number	er Telephone	Busines	ss FAX Number		
Business E-mail	address (if available)	1			

PART 1: CERTIFICATION PAGE - 2 of 2

Provide any requested information. Ch	neck one box below.
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□ 1. You are the owner or leaseholder of an AFA permitted vessel or are a person or representative of a person that received an allocation of Chinook PSC from NMFS, and must submit a Compensated Transfer Report (CTR) Part 1 each year, for the previous calendar year.
Complete and submit CTR Part 1 form for the 20XX calendar year.
2. You are the owner or leaseholder of an AFA permitted vessel or are a person or representative of a person who paid or received money for a transfer of Chinook salmon PSC allocation after January 20 must submit a completed CTR (Part 1 and Part 2) for the previous calendar year.
Complete and submit CTR Part 1 and Part 2 form for the 20XX calendar year

Read the following statement, and sign and date the box below:

I certify under penalty of perjury that I have reviewed all the information in this report and that it is true and complete to the best of my knowledge.							
Signature	Date signed						

PART 2: CHINOOK SALMON PSC ALLOCATION TRANSFER INFORMATION

In Table 1, report each transfer of Chinook salmon Prohibited Species Catch (PSC) allocation to or from another person during the calendar year 2009 for which you paid or received monetary compensation. Compensated transfers are those transfers that include monetary compensation for a part of or the whole value of the transferred Chinook PSC allocation:

NMFS ID: identify the other person who paid or received money for each transfer. If the other person was a vessel owner/leaseholder, record the AFA Vessel Permit Number. For other persons, record the NMFS ID. If an AFA Vessel Permit or NMFS ID of entity is unavailable, record the entity name.

Direction of Transfer: using the checkbox, indicate if the Chinook salmon were transferred (sold) to another person by you, or transferred (bought) from another person by you.

Date of transfer: record the date Chinook salmon were transferred to the receiving person. This may not be the date of final settlement on terms of compensation.

Transfer Type: Identify the type(s) of association between you and the other entity in the transfer. Use the following codes to identify the type(s) of association (check all that apply):

Association Type	Association between transfer entities description
1	Transfer is between 2 persons which are affiliated as under AFA as defined in 50 CFR part 679.2
2	Transfer is between 2 persons in the same pollock cooperative but not affiliated under AFA
3	Transfer is between 2 persons in the same AFA sector but not affiliated under AFA or in the same pollock cooperative (inshore only)
4	Transfer is between 2 persons not part of the same AFA sector or pollock cooperative, and not affiliated under AFA

Entity Type: indicate the entity type of the other party in the Chinook salmon PSC allocation transfer. Check one: Vessel Owner/Leaseholder, IPA, Inshore Cooperative, Sector-level Entity, CDQ Group, or other entity type.

Chinook Salmon PSC Allocation Transferred and Compensation

Number of Chinook salmon transferred: for each transfer, record the number of Chinook salmon transferred.

Payment amount: record the total amount of money in U.S. dollars for each transfer. Report all payment as of the date of submission of this form. This includes all money paid for the transfer regardless of whether other assets, such as pollock quota, are included in the transaction. Do not report any compensation made in any form other than monetary compensation.

Other assets included: If the transaction included assets other than Chinook salmon and monetary compensation, indicate this using the checkbox. Other assets could include pollock quota, goods, or services of value. Do not check the box if additional assets included only assets of nominal or no value.

NMFS ID or NMFS ID of Entity Transferred To/From	Transfer to other person,	Date of Transfer (mm/dd/yy)	Transfer Type I, 2, 3,or 4	Entity Type (Check One)						Chinook salmon PSC Allocation Transferred and Compensation		
	or <u>from</u> other person to you			Vessel Owner/ Leaseholder	IPA	Inshore Coop	Sector- Level Entity	CDQ Group	Other	Amount of Chinook salmon Transferred (number of salmon)	Payment Amount (\$US)	Nonmonetary assets Included? (Check if Yes)
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
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	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0
	□To □From			0	0	0	0	0	0			0