


CHARTER HALIBUT PROGRAM	Application For COMMUNITY CHARTER HALIBUT PERMIT or MILITARY CHARTER HALIBUT PERMIT	U.S. Department of Commerce NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 Fax: 907-586-7354 Telephone: 800-304-4646 toll Free or 907-586-7202 in Juneau	
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BLOCK A--TYPE OF PERMIT

Indicate type of permit for which you are applying.

- Community Charter Halibut Permit**
 An authorized Community Quota Entity (CQE) must apply for this permit on behalf of the eligible community. Complete Blocks A and B. Sign and date Block D. See instructions for list of eligible communities.

Enter the name of the community you represent below:

- Military Charter Halibut Permit**
 Complete Blocks A and C and sign and date Block D.

Enter the Branch of the United States Armed Services you represent below:

Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR permits.

BLOCK B -APPLICANT INFORMATION

1. Applicant's Name	
2. Business Mailing Address (Street or P.O. Box, City, State, Zip Code):	3. Business Telephone Number:
	4. Business Fax Number:
	5. Business E-mail Address:

BLOCK C - COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST

1. Enter the name(s) of the community that the CQE represents (**duplicate** this page if needed).

2. For each community charter permit you are requesting, specify the name(s) of the person(s) and number of permits to be issued to that person.

Full Legal Name of Person Using the Community Charter Halibut Permit	Number of Permits to be Issued to That Person

3. List the locations, including the latitude and longitude, where all trips will begin or end within the boundaries of the Community for which you are applying. (attach additional pages if necessary).

Location Name	Latitude	Longitude

BLOCK D – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area: _____ for 2C and _____ for 3A

BLOCK E – CQE APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. Individual signing this application may be required to provide documentation of his/her authority to apply on behalf of the Applicant.

Signature of Applicant:		Date:
Printed Name of individual completing this application on behalf of CQE	Title of individual completing this application on behalf of CQE	

BLOCK F – MILITARY APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. Individual signing this application is required to provide documentation of his/her authority to apply on behalf of the Applicant.

Signature of Applicant:		Date:
Printed Name of individual completing this application on behalf of Branch of Military Service	Rank in Service of individual completing this application on behalf of Branch of Military Service	

Application Instructions

COMMUNITY CHARTER HALIBUT PERMIT OR MILITARY CHARTER HALIBUT PERMIT

GENERAL INFORMATION

Application forms are available National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, web site at <http://www.alaskafisheries.noaa.gov>.

When completed, the application should be mailed to:

**NMFS Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, Alaska 99802-1668**

faxed to: **907-586-7354**

or delivered to:

**709 West 9th Street Suite 713
Juneau, Alaska 99801**

Please allow at least **ten working days** for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

Direct any questions you may have to NMFS, RAM at 1-800-304-4846 (option 2) or (907) 586-7202 (option 2).

COMPLETING THE APPLICATION FORM - SPECIFIC INSTRUCTIONS

BLOCK A—TYPE OF PERMIT

Indicate the type of permit for which you are applying.

- ◆ Community Charter Halibut Permit
If Applicant is a Community Quota Entity (CQE) requesting Community Charter Halibut Permits, enter the name of the community represented by the CQE in this application.

NOTE: Each eligible community must form a non-profit entity or CQE to represent it prior to applying for a Community Charter Halibut Permit. This non-profit must apply to NMFS/RAM for certification of eligibility as a CQE using the “Application for a Non-Profit to be Designated as a Community Quota Entity (CQE)”.

Only the following communities are eligible to obtain Community Charter Halibut Permits in the area designated for the community. One Application form must be submitted for each community; multiple communities may not be listed on a single application.

Eligible Communities for 2C Community Charter Halibut Permits	Eligible Communities for 3A Community Charter Halibut Permits
Angoon	Akhiok
Coffman Cove	Chenega
Edna bay	Halibut Cove
Hollis	Karluk
Hoonah	Larsen Bay
Hydaburg	Nanwalek
Kake	Old Harbor
Kassan	Ouzinkie
Klawock	Port Graham
Metlakatla	Port Lions
Meyers Chuck	Seldovia
Pelican	Tatitlek
Point Baker	Tyonek
Port Alexander	Yakutat
Port Protection	
Tenakee	
Thorne Bay	
Whale Pass	

◆ Military Charter Halibut Permit

If Applicant is applying for Military Charter Halibut Permits,

- Enter the Branch of the United States Armed Services you represent
- Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR permits.

Complete Blocks A, C and sign Block D

BLOCK B –APPLICANT INFORMATION

1. Applicant’s name
2. Business mailing address (Street or P.O. Box, city, state, zip code)
- 3-5. Business telephone number, business fax number, and business e-mail address

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST

1. Enter the name(s) of the community that the CQE represents.
2. For each community charter halibut permit you are requesting, specify the following information.

Name(s) of the persons who will use the community charter halibut permit on behalf of the CQE.

The number of community charter halibut permits to be issued to that person.

3. List location boundaries of community, including latitude and longitude, where all trips will begin or end.

BLOCK D – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area, 2C and 3A.

BLOCK E – CQE APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her title, and sign and date this application. This individual may be required to provide documentation demonstrating his/her authority.

BLOCK F – MILITARY APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her rank in service, and sign and date this application. This individual must attach official documentation from the Branch of Service they represent to verify the authority to apply for the MWR permits.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average one hour per response, including the 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 estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the Charter Halibut Moratorium Program for IPHC Regulatory Areas 2C or 3A; 3) Federal law and regulations require and authorize NMFS to manage charter halibut programs in Alaska; 4) Submission of this information is mandatory for any entity participating in charter halibut fishing; 5) This information is used to monitor the charter moratorium program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.
