


Revised: 04/14/2009

<h2 style="margin: 0;">Application for Rockfish Limited Access Fishery</h2>	U.S. Dept. of Commerce/ NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

BLOCK A -- APPLICANT INFORMATION		
1. Applicant name	2. NMFS person ID	
3. Permanent business mailing address		
4. Business telephone No.	5. Business fax No.	6. e-mail address (if available)
7. Is applicant a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of birth _____		
8. Is the applicant a U.S. corporation, partnership, association, or other non-individual business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of incorporation: _____		
9. Is applicant an eligible Rockfish Harvester? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Is applicant participating in the Rockfish Limited Access Fishery? <input type="checkbox"/> YES <input type="checkbox"/> NO		

BLOCK B -- VESSEL IDENTIFICATION			
Vessel Name	ADF&G No.	USCG No.	LLP License No.

BLOCK C -- LLP HOLDERSHIP DOCUMENTATION

If the LLP License Holder (Applicant) is not an individual (i.e. is a corporation, partnership, association or some other non-individual entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. In the space below, enter the names of all of the owners of the Applicant, and indicate the percent of ownership. If a listed owner is not an individual, provide the same information for each such owner until all owners, and their percent of ownership, is revealed to the individual level.

Name	% Ownership in LLP License

BLOCK D -- APPLICANT CERTIFICATION

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date Signed
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the 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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

INSTRUCTIONS
Application for Limited Access Rockfish Fishery

Issuance of a permit in response to this application may be delayed or denied if it is determined that the applicant(s) owes any delinquent non-tax debts to any agency or department of the United States federal government.

This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

Eligible Rockfish Harvester

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Harvester if that person:

- ◆ Holds a permanent fully transferable License Limitation Program (LLP) license endorsed for Central Gulf of Alaska groundfish with a Legal Rockfish Landing of any Primary Rockfish Species attributed to that LLP license at the time of Application to Participate in the Rockfish Program; and
- ◆ Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS;

Eligible Rockfish Processor

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Processor if that person:

- ◆ Holds the processing history of a shoreside processor or stationary floating processor (SFP) that received at least 250 metric tons in round weight equivalent of aggregate Legal Rockfish Landings of Primary Rockfish Species each calendar year in any four of the five calendar years beginning 1996 through 2000 during the season dates for that Primary Rockfish Species as established in Table 28 to part 679;
- ◆ Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS; and
- ◆ That person or his successor-in-interest exists at the time of Application to Participate in the Rockfish Program.

The Rockfish Pilot Program Limited Access Fishery is authorized from 1200 hours, A.l.t., July 1 through 1200 hours, A.l.t., November 15. The fishery closes once the allocation is met or exceeded. If the annual catch amount assigned to the fishery is small, and forecast harvest rate is high, NMFS may not open a limited access fishery if it is likely that participants in the limited access fishery would exceed their allocation.

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

When complete, mail application to:

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

Or fax to:

FAX: (907) 586-7354

If you need additional information, contact RAM at

(800) 304-4846 (#2) or (907) 586-7202 (#2).

Please allow at least 10 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.

BLOCK A. APPLICANT INFORMATION

1. Applicant's name.
2. NMFS person ID.
3. Permanent business mailing address, including street address or P.O. box number, city, state, and zip code.
4. Business telephone number, fax number, and e-mail address (if available);
5. Indicate whether applicant is a U.S. citizen; if YES, enter date of birth.
6. Indicate whether applicant is a U.S. corporation, partnership, association, or other non-individual business entity; if YES, enter date of incorporation.
7. Indicate whether the applicant is an eligible Rockfish Harvester.
8. Indicate whether the applicant is participating in the Rockfish Limited Access Fishery.

BLOCK B. VESSEL IDENTIFICATION

Name, Alaska Department of fish and Game (ADF&G) vessel registration number, and United States Coast Guard (USCG) documentation number of the vessel
LLP license number(s) held by the applicant and used on that vessel.

BLOCK C. LLP HOLDERSHIP DOCUMENTATION

If the LLP License Holder (Applicant) is a corporation, partnership, association, or other non-individual entity, provide the names of, and the percent of ownership in the Applicant held by, all of its owners. Provide information to the individual level.

BLOCK D. APPLICANT CERTIFICATION

Signature of applicant and date signed
Printed name of applicant (or authorized representative); if representative, attach authorization.