


Revised: 04/13/2009

<h2>Application to Opt Out of Rockfish 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 / (907) 586-7202 in Juneau (907) 586-7354 fax	
---	--	---

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 opt-out of a rockfish 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 number	5. Business Fax number	6. e-mail address (if available)
7. Is the 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 the applicant an Eligible Rockfish Harvester? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Is the applicant opting-out of the Rockfish Pilot Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Does the applicant hold an LLP license with Rockfish quota share (QS) assigned to the catcher/processor sector? <input type="checkbox"/> YES <input type="checkbox"/> NO		

BLOCK B -- VESSEL INFORMATION	
1. Name of vessel	2. ADF&G No.
	3. USCG No.
	4. LLP license No(s)

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 all of 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

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 to Opt Out of 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.

GENERAL INFORMATION

An Eligible Rockfish Harvester who wishes to Opt-out of the Rockfish Program for a calendar year with a License Limitation Program (LLP) license assigned a catch history allocation in the Catcher/Processor Sector must submit an Application to Opt-out. 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 opt-out of a rockfish fishery, or if sent by U.S. mail, the application must be postmarked by that time.

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.

COMPLETING THE APPLICATION

BLOCK A. APPLICANT INFORMATION

1. Name
2. NMFS person ID
3. Permanent business mailing address
4. Business telephone number, fax number, and e-mail address (if available).
5. Indicate whether applicant is a U.S. citizen; if YES, provide date of birth.
6. Indicate whether applicant is a U.S. corporation; if YES, provide date of incorporation
7. Indicate whether the applicant is an Eligible Rockfish Harvester.
8. Indicate whether the applicant is opting-out of the Rockfish Pilot Program.
9. Indicate whether the applicant holds an LLP license with Rockfish quota share (QS) assigned to the catcher/processor sector.

BLOCK B. VESSEL INFORMATION

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

BLOCK C. LLP HOLDERSHIP DOCUMENTATION

Names of all persons, to the individual level, holding an ownership interest in the LLP license and the percent of ownership each person and individual holds in the LLP license.

BLOCK D. APPLICANT CERTIFICATION

Signature of applicant (or authorized representative) and date signed

Printed name of applicant (or authorized representative); if representative, attach authorization