


Revised: 04/14/2009

Application for Inter-Cooperative Transfer of CQ Rockfish Fishery		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	
BLOCK A -- IDENTIFICATION OF TRANSFEROR Applicant must be a U.S. corporation, partnership, association, or other non-individual business entity.			
1. Name of Rockfish Cooperative		2. NMFS person ID	
3. Name of authorized representative			
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)	
6. Business telephone No.	7. Business fax No.	8. E-mail address (if available)	

BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR			
1. Name of Processor		2. NMFS person ID	
3. Name of designated representative			
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)	
6. Business telephone number	7. Business Fax number	8. E-mail address (if available)	

BLOCK C -- IDENTIFICATION OF TRANSFEREE		
1. Name of Rockfish Cooperative		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone No.	7. Business fax No.	8. E-mail address (if available)

BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR		
1. Name of Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone number	7. Business Fax number	8. E-mail address (if available)

**BLOCK E¹ – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ)
 TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)
 (To Be Completed By Transferor)**

Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred. Distribute the CQ identified in Block E¹ to cooperative members in Block E².

Duplicate this page as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)	Species to be Transferred	Amount (in mt)

**BLOCK E² – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)
 (To Be Completed By Transferee)**

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

BLOCK F¹ -- CERTIFICATION OF TRANSFEROR	
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 Transferor's Designated Representative	2. Date
3. Printed Name of Transferor's Designated Representative; attach authorization	
BLOCK F² -- CERTIFICATION OF TRANSFEROR'S PROCESSOR	
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 Eligible Rockfish Processor (associated with Cooperative)	2. Date
3. Printed Name of Eligible Rockfish Processor	

BLOCK G¹ -- CERTIFICATION OF TRANSFEREE	
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	
BLOCK G² -- CERTIFICATION OF TRANSFEREE'S PROCESSOR	
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 Eligible Rockfish Processor (associated with Cooperative)	2. Date
3. Printed Name of Eligible Rockfish Processor	

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 Inter-Cooperative Transfer
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

A rockfish cooperative may transfer all or part of its cooperative quota (CQ) to another rockfish cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. **Note:** A cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

The transfer of an annual catch amount is only valid during the calendar year of the transfer. A cooperative may only transfer or receive by transfer an annual catch amount if the cooperative:

- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

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.

Instructions
**APPLICATION FOR INTER-COOPERATIVE TRANSFER
ROCKFISH FISHERY**

GENERAL INFORMATION

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of cooperative quota (CQ) is not effective until approved by NMFS.

A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

This transfer of an annual catch amount is only valid during the calendar year of the transfer. A cooperative may only transfer or receive by transfer an annual catch amount, if the cooperative:

- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

By mail to: **Alaska Region, NOAA Fisheries (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668**

By fax to: **RAM at 907-586-7354**

Applications may be faxed to RAM at 907-586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

By Internet to: <https://alaskafisheries.noaa.gov>

Or, hand deliver to:

**NOAA Fisheries
Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

Website: <http://www.alaskafisheries.noaa.gov/ram/default.htm>

Telephone (toll free): 800-304-4846 (press "2")

Telephone (in Juneau): 907-586-7202 (press "2")

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE APPLICATION

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS.

BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code.
A temporary mailing address may be included, if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR.

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code.
A temporary mailing address may be included, if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address (if available)

BLOCK C -- IDENTIFICATION OF TRANSFEREE (SELLER)

1. Name and NMFS Person ID
2. Name of designated representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code.
A temporary mailing address may be included, if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address (if available)

BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR.

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code.
A temporary mailing address may be included, if applicable)
- 5-6 Business telephone number and business fax number, including area codes.
- 7 Business e-mail address (if available)

BLOCK E¹ -- IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ) TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)

(To Be Completed By Transferor)

Identify the type of CQ (Primary, Secondary, Halibut PSC), species to be transferred, and amount of transfer (in metric tons) Distribute the CQ identified in Block E¹ to cooperative members in Block E². Duplicate this page as necessary.

BLOCK E² -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)

(To Be Completed By Transferee)

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). Duplicate this page as necessary.

Enter the name of Qualifying Member (print), NMFS Person ID, species transferred, and amount of CQ transferred.

BLOCK F¹ -- CERTIFICATION OF TRANSFEROR

Enter printed name and signature of transferor, and date signed. If designated representative, attach authorization.

BLOCK F² -- CERTIFICATION OF TRANSFEROR'S PROCESSOR

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.

BLOCK G¹ -- CERTIFICATION OF TRANSFEREE

Enter printed name and signature of transferee, and date signed. If designated representative, attach authorization.

BLOCK G² -- CERTIFICATION OF TRANSFEREE'S PROCESSOR

Enter printed name and signature of eligible rockfish processor, and date signed. If designated representative, attach authorization.