


<p style="text-align: center;">Application for Transfer of CRAB QS/IFQ to or from a Eligible Crab Community Organization (ECCO)</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668</p> 
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BLOCK A – GENERAL REQUIREMENTS

- This form may only be used if an Eligible Crab Community Organization (ECCO) is the proposed transferor (“seller”) or the proposed transferee (“buyer”) of the Quota Share (QS) or Individual Fishing Quota (IFQ). If that is not the case, a different RAM form must be used.
- The party to whom an ECCO is seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC) issued by RAM.
- If the ECCO is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.
- Attach a copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ. This application will not be approved until the Regional Administrator has reviewed and approved the transfer agreement signed by the parties to the transaction.
- If authorized representative represents either the transferor or transferee, proof of authorization to act on behalf of transferor or transferee must be attached to the application.
- An affirmation must be attached to this applicant that the individual receiving IFQ from an ECCO has been a permanent resident in the ECC for a period of 12 months prior to the submission of this application to or from an ECCO on whose behalf the ECCO holds QS.
- The ECCO applying to receive or transfer crab QS must submit verification that he/she submitted a completed annual report.
- Prior to approving a transfer, NMFS must be able to verify that the person applying to make or receive the QS, PQS, IFQ or IPQ transfer has submitted an EDR, if required, and paid all fees.

BLOCK B – TRANSFEROR (SELLER) INFORMATION

1. Name:	2. NMFS Person ID:	
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address (if applicable):	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address:
8. Is transferor an ECCO? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] If YES, provide name of Community represented by the ECCO		
9. Name of Community:		

This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application. Additionally, applications involving the permanent transfer of Processor QS (PQS) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.

BLOCK G – CERTIFICATION OF TRANSFEROR	
<i>Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete</i>	
1. Signature of Transferor or Authorized Agent:	2. Date:
3. Printed Name Transferor or Authorized Agent Note: If completed by an agent, attach authorization:	
4. Notary Public Signature: ATTEST	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK H – CERTIFICATION OF TRANSFEREE	
<i>Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.</i>	
1. Signature of Transferee or Authorized Agent:	2. Date:
3. Printed Name Transferee or Authorized Agent Note: If completed by an agent, attach authorization:	
4. Notary Public Signature: ATTEST	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

BLOCK I – CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE

(Required only when ECCO proposes to permanently transfer Quota Share)

I am a duly authorized representative of the community (listed in Block C or Block D) on whose behalf the ECCO is proposing to transfer QS; by my signature below, I attest that the applicant ECCO has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.

1. Signature of Community Representative:	2. Date:
3. Printed Name and Title of Community Representative:	
4. Notary Public Signature: ATTEST	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting 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 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, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions
APPLICATION TO TRANSFER QS/IFQ TO, OR FROM,
AN ELIGIBLE CRAB COMMUNITY ORGANIZATION (ECCO)

The Crab Individual Fishing Quota (IFQ) program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all Quota Share (QS) and its associated annual IFQ must be approved, in advance, by RAM.

In 2005 the Secretary of Commerce adopted the Crab IFQ program, this program provides that cities and boroughs may hold, and to fish, QS and IFQ. Such communities are represented by an Eligible Crab Community Organization (ECCO), who must use a special application form to provide for transfers of QS/IFQ to and from (and between) ECCOs. These instructions are designed to help you to use that special transfer application form. Some general rules pertain, as follows:

An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided.

- Please submit a **separate application** for each proposed QS or IFQ permit transfer.
- Please complete the **entire application, including all attachments**; failure to do so could result in delays in the processing of your application.
- Please submit an **original application** only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- Please ensure that signatures on the application are **original and are notarized**. RAM will not process an application that does not bear original signatures (fax'd applications will be returned); all signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.
- When completed, mail the original application to:

Alaska Region, National Marine Fisheries Service
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668

OR

- When completed, deliver the original application to:

Alaska Region, National Marine Fisheries Service
Restricted Access Management (RAM)
Room 713, Federal Building
709 West 9th Street
Juneau, AK 99802-1668

- Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.
- If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free):	1-800-304-4846 (press "2")
Telephone (Juneau):	907-586-7202
E-Mail Address:	RAM.Alaska@noaa.gov
Web Site:	www.alaskafisheries.noaa.gov/ram

BLOCK A – GENERAL REQUIREMENTS

This application is only to be used to apply for a transfer of Quota Share (QS) or Individual Fishing Quota (IFQ) to or from an Eligible Crab Community Organization (ECCO); if an ECCO is not a party to the proposed transfer, another application form should be used.

Note, as well, that any party to whom the QS/IFQ is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC) and that, if the application is to permanently transfer QS from an ECCO to another party, the application must be signed by a representative of the community for whom the ECCO holds the QS.

BLOCK B – TRANSFEROR (SELLER) INFORMATION

1. Legibly (print or type) enter the name of the transferor; this should be the full name as it appears on the QS Certificate or the TEC
2. Enter the "NMFS Person ID" (as set out on the QS Certificate or the TEC).
3. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.
4. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 5-7. Enter business telephone number, business fax number, and E-mail address (if available).
8. If transferor is an ECCO, enter the name of the community on whose behalf the ECCO is applying.

BLOCK C – TRANSFEREE (BUYER) INFORMATION

1. Legibly print or type the name of the transferee; this should be the full name as it appears on the QS Certificate or the TEC.
2. Enter the "NMFS Person ID" (as set out on the QS Certificate or the TEC).
3. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.

4. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 5-7. Enter business telephone number, business fax number, and E-mail address (if available).
8. If the proposed transferee is an ECCO, enter the name of the community on whose behalf the ECCO is applying.

BLOCK D – IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

1. Enter the QS species and QS type.
2. Enter the number of QS or IFQ units to be transferred, the total QS units, number of IFQ pounds, and the range of serial numbers to be transferred (shown on the QS certificate).
3. If the transfer application is submitted on behalf of the community represented by the applicant ECCO, enter the name of the community.
4. Indicate (YES or NO) whether all remaining IFQ pounds for the current fishing year are to be transferred; if NO, specify the number of pounds to be transferred.

BLOCK E – TRANSFER OF IFQ ONLY ("LEASE" OF IFQ)

This block should only be completed if the ECCO is applying to transfer IFQ to a permanent resident of the community on whose behalf the ECCO holds the QS.

1. Identify the IFQ to be transferred by entering the IFQ Permit Number and Year
2. Enter the actual number of IFQ pounds to be transferred

BLOCK F – REQUIRED SUPPLEMENTAL INFORMATION

If the proposed transferor is an ECCO, indicate the reasons you are proposing this transfer (check all that apply).

BLOCK G – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)

Indicate (YES or NO) whether a broker was used for this transaction

If YES, enter total price paid to the broker or calculate how much was paid as a percentage of the total price.

Enter total amount being paid for the QS/IFQ in this transaction, including all fees.

Price per unit of QS and the price per pound of IFQ

Indicate reasons (check all that apply) for transferring QS/IFQ

BLOCK H - METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ, IPQ (TRANSFEREE)

Indicate (YES or NO) whether the QS/IFQ being purchased will have a lien attached.

If YES, enter name of lien holder.

Indicate one primary source of financing for this transfer.

Indicate all that apply describing how the QS/IFQ was located.

Indicate the relationship, if any, between the transferor and the transferee.

Indicate (YES or NO) whether an agreement exists to return the QS or IFQ to the transferor or any other person, or with a condition placed on resale; if YES, explain.

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ.

CERTIFICATION OF TRANSFEROR

Printed name and signature of transferor and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

CERTIFICATION OF TRANSFEREE

Printed name and signature of transferee and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE

Printed name and signature of ECCO community representative and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.