


<p>Application for Inter-Cooperative Transfer of Rockfish CQ</p>	<p>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</p>	
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This application must be submitted online

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 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 C¹ – 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 C¹ to cooperative members in Block C².

Duplicate this page as necessary.

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

**BLOCK C² – 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 D -- 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 E -- 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	

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, Alaska Region, 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 OF ROCKFISH COOPERATIVE QUOTA (CQ)**

1 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.

In order for NMFS to approve an inter-cooperative transfer, 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.

1A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative.

Note: This transfer must be submitted online.

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 of cooperative quota (CQ) is not effective until NMFS has been notified. Application forms are available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>, or by contacting NMFS at 800-304-4846, Option 2.

A completed application must be received by NMFS no later than 1700 hours, A.l.t., on March 1 of each year. Objective written evidence of timely application will be considered as proof of a timely application.

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.

GENERAL 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.

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:

Telephone (in Juneau): 907-586-7228

Submit the Application for Inter-Cooperative Transfer of CQ to NMFS using an electronic online transfer application available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>.

The transferor's designated representative must log into the online system and create a transfer request as indicated on the computer screen. By using the transferor's NMFS ID, password, and Transfer Key and

submitting the transfer request, the transferor's designated representative certifies that all information is true, correct, and complete.

The transferee's designated representative must log into the online system and accept the transfer request. By using the transferee's NMFS ID, password, and Transfer Key, the transferee's designated representative certifies that all information is true, correct, and complete.

COMPLETING THE APPLICATION

BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address; a temporary mailing address may be included, if applicable
- 5-6. Business telephone number and business fax number
7. Business e-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEREE (SELLER)

1. Name and NMFS Person ID
2. Name of designated representative
- 3-4. Permanent business mailing address; 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 C¹ – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ) TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S) *(to be completed by transferor)*

Distribute the CQ identified in Block C¹ to cooperative members in Block C². Duplicate this page as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)
Species to be transferred
Amount of transfer (in metric tons)

BLOCK C² – 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.

Name of Qualifying Member (print)
NMFS Person ID
Species transferred
Amount of CQ transferred

BLOCK D -- CERTIFICATION OF TRANSFEROR

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

BLOCK E -- CERTIFICATION OF TRANSFEREE

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