

Application to Opt Out of Rockfish Cooperatives

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 participating in a rockfish cooperative, 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 <i>(if available)</i> :
7. Is the applicant a U.S. citizen? [] YES [] NO IF YES , enter date of birth _____		
8. Is the applicant a U.S. corporation, partnership, association, or other non-individual business entity? [] YES [] NO IF YES , enter date of incorporation: _____		
9. Is the applicant an Eligible Rockfish Harvester? [] YES [] NO		
10. Is the applicant opting-out of participating in a rockfish cooperative? [] YES [] NO		
11. Does the applicant hold an LLP license with Rockfish quota share (QS) assigned to the catcher/processor sector? [] YES [] NO		

BLOCK B -- VESSEL INFORMATION

1. Name of Vessel:	2. ADF&G Number:
	3. USCG Number:
	4. LLP license Number(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, 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 to Opt Out of Rockfish Cooperatives

GENERAL INFORMATION

Each year, a person holding an License Limitation Program (LLP) license with catcher/processor operation type and rockfish quota share (QS) assigned to that LLP may opt-out of participating in a rockfish cooperative for a calendar year by completing a timely Application to Opt-out of Rockfish Cooperative. A person may not assign an LLP license assigned rockfish QS in the catcher/processor sector to both a rockfish cooperative and opt-out of participating in a rockfish cooperative. An LLP license holder who opts-out may not fish for that fishing year with any vessel named on that LLP license in any directed fishery for any rockfish primary species in the Central Gulf of Alaska (GOA) and waters adjacent to the Central GOA as specified under § 679.20.

Type or print legibly in ink; retain a copy of completed application for your records. The Application to Opt-out of Rockfish Cooperatives may be submitted by mail, fax, or hand delivery or carrier.

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, or if sent by U.S. mail, the application must be postmarked by that time. For applications delivered by hand delivery or carrier only, the receiving date of signature by NMFS staff is the date the application was received. If the application is submitted by fax, the receiving date of the application is the date stamped received by NMFS.

Objective written evidence of timely application will be considered as proof of a timely application.

When complete, submit application

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

by fax to: **(907) 586-7354**

or deliver to: **Room 713, Federal Building
709 West 9th Street
Juneau, AK 99801**

If you need additional information, contact RAM at **(800) 304-4846 (Option 2)** or **(907) 586-7202 (Option 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, business fax number, and business 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 cooperatives
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

The applicant must sign and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. If the application is completed by a designated representative, then explicit authorization signed by the applicant must accompany the application.