

# Request for Atlantic Surfclam or Ocean Quahog ITQ Allocation or Cage Tag Transfer



**United States Department of Commerce**  
National Oceanic and Atmospheric Administration  
National Marine Fisheries Service  
Northeast Region  
55 Great Republic Drive  
Gloucester, MA 01930

**Section 1.** Check which type of transfer you are requesting:

|                          |                                          |
|--------------------------|------------------------------------------|
| <input type="checkbox"/> | <b>Permanent ITQ Allocation Transfer</b> |
| <input type="checkbox"/> | <b>Temporary Cage Tag Transfer</b>       |

**Section 2.**

| <b>Transferer (Seller)</b>         |                      |                    |            |
|------------------------------------|----------------------|--------------------|------------|
| Name:                              |                      | Allocation Number: |            |
| <b>Cage Tags to be Transferred</b> |                      |                    |            |
|                                    | Beginning Tag Number | Ending Tag Number  | Total Tags |
| Tag Series 1:                      |                      |                    |            |
| Tag Series 2:                      |                      |                    |            |
| Tag Series 3:                      |                      |                    |            |

**Section 3.**

| <b>Transferee (Buyer)</b>                                 |                                                                                                                                                                         |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                     | *Allocation Number:                                                                                                                                                     |
| List of allocation numbers in which an interest is owned: | * If an allocation number has not been issued Section 4 of this form must be completed. NMFS will issue an allocation number upon receipt of the completed application. |

**Section 4.**

|                          |                                                                                                                                                                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                    |                                                                                                                                                                                                                                                    |
| Vessel (if applicable):  |                                                                                                                                                                                                                                                    |
| Street:                  |                                                                                                                                                                                                                                                    |
| City/ State/ Zip:        |                                                                                                                                                                                                                                                    |
| Telephone:               |                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | U.S. citizen requirement. By checking this box you are indicating that you are eligible to own a documented vessel under the terms of 46 U.S.C. 12102(a) and are able to provide documentation attesting to such eligibility if requested by NMFS. |

**Section 5.**

|                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| Printed Name of Transferer or Authorized Agent: | Printed Name of Transferee or Authorized Agent: |
| Signature of Transferer or Authorized Agent:    | Signature of Transferee or Authorized Agent:    |
| Date:                                           | Date:                                           |

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate to: NMFS, 55 Great Republic Drive, Gloucester, MA 01930. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

