

**U.S. DEPT OF COMMERCE, NOAA**  
 NMFS IFQ Program, F/SER29  
 263 13th Avenue South  
 St. Petersburg, FL 33701-5511  
 Toll Free (866/425-7627) (8 am - 4:30 pm ET)  
 http://ifq.sero.nmfs.noaa.gov  
 727/824-5305 (8 am - 4:30 pm ET)  
 http://sero.nmfs.noaa.gov



# NOAA FISHERIES SERVICE FEDERAL APPLICATION FOR GULF OF MEXICO INDIVIDUAL FISHING QUOTA (IFQ) ONLINE ACCOUNT

<b>FOR OFFICE USE ONLY</b>	
Reviewer's Initials and Date	
Sanction Case Number if Sanctioned and date held	
Date Sanction Released and Initials	
Application ID	

## APPLICATION INSTRUCTIONS

1. Current IFQ participants need to complete this application to certify they are or are NOT a United States citizen or a permanent resident alien.
2. As of January 1, 2012, all United States citizens and permanent resident aliens are eligible for participation in the Gulf red snapper IFQ program. This application is to establish an IFQ account for new participants and update account information for existing participants. However, a valid commercial permit for Gulf reef fish, a Gulf red snapper IFQ vessel account, and Gulf red snapper IFQ allocation are required to possess (at and after the time of the advance notice of landing), land or sell Gulf red snapper subject to this IFQ program.
3. Follow the instructions at the top of each section. Make sure all the information is correct then sign and date the application below. The IFQ applicant signing the application must be an account holder listed in section 1 and a United States citizen or permanent resident alien.
4. Mail your completed application to: U.S. Department of Commerce, NOAA, National Marine Fisheries Service F/SER29, 263 13th Avenue South, St. Petersburg, FL 33701-5511.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching 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 suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701-5511.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of uses. Responses to this collection are required to obtain or retain an IFQ online account under the Magnuson-Stevens Act. Non-confidential information will be released via a NOAA Fisheries Service website. Non-confidential information means: name, address, city, state, zip code, etc. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. 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.

## SIGNATURE FOR APPLICATION

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Knowingly supplying false information for the purpose of obtaining an IFQ Online Account is a violation of Federal law punishable by a fine and/or imprisonment. Please note: The individual signing below MUST be either the IFQ account holder OR must be one of the officers or shareholders that is a U.S. citizen or permanent resident alien listed in section 2 of this application.

<b>Applicant Signature</b>	<b>Position in Company (if applicable)</b>
<b>Print Name</b>	<b>Date</b>

# 1. IFQ ONLINE ACCOUNT HOLDER INFORMATION

- 1) Check the appropriate box below if the applicant is a new or existing IFQ online account holder. Provide the USER ID for an existing account holder.
- 2) Complete this page for all IFQ online account holders. If the account holder is a business, enter the Federal ID number and date the business filed with the state. If the account holder is an individual, enter their Social Security Number.
- 3) If you have more than two account holders, copy the blank form or provide the required information on a separate sheet of paper.
- 4) Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.
- 5) Place an "x" in the Mailing Recipient block to indicate who will receive the renewal application and related information. Please only mark one box.

Check here if the applicant is a NEW IFQ online account holder.

Check here if the applicant is an EXISTING IFQ online account holder. Provide the IFQ online account holder's USER ID: \_\_\_\_\_

## IFQ Online Account Holder

Check one  INDIVIDUAL or SOLE PROPRIETORSHIP  JOINT OWNERSHIP  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_

Check here certifying the applicant is a United States citizen or permanent resident alien.

Check here certifying the applicant is NOT a United States citizen or permanent resident alien.

Mailing Recipient - Mark this box if you want this entity to receive all mailings; mark only one person.

<b>Mr/Mrs/Ms</b>	<b>Last Name or Name of Business</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - JR, SR, etc.</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Mailing Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Physical Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="checkbox"/> Check box if same as Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Tax ID # (FED ID or SSN)</b>	<b>Date of Birth or Date Business Filed (MM/DD/YYYY)</b>		<b>Area Code</b>	<b>Phone Number</b>		
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		

## IFQ Online Account Holder

Check one  INDIVIDUAL or SOLE PROPRIETORSHIP  JOINT OWNERSHIP  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_

Check here certifying the applicant is a United States citizen or permanent resident alien.

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Mailing Recipient - Mark this box if you want this entity to receive all mailings; mark only one person.

<b>Mr/Mrs/Ms</b>	<b>Last Name or Name of Business</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - JR, SR, etc.</b>		
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<b>Mailing Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
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<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		

**2. OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT**

1) If this IFQ online account is held by a business, then complete this section for each officer or partner associated with the business. Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. Total shareholders must equal 100%.  
 2) Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.

Business name:

Federal Tax ID #:

ALL individuals associated with the above-named account holder must be included in this application. Provide name, Social Security Number, address, telephone number with area code, date of birth, and position held in business.

**Position held - check ALL that apply**

President/CEO  Vice President  Secretary  Treasurer  Director/Manager  Shareholder  Other

Percent (%) of Corporation Held (1% or more)

Check here certifying the applicant is a United States citizen or permanent resident alien.

Check here certifying the applicant is NOT a United States citizen or permanent resident alien.

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position held - check ALL that apply**

President/CEO  Vice President  Secretary  Treasurer  Director/Manager  Shareholder  Other

Percent (%) of Corporation Held (1% or more)

Check here certifying the applicant is a United States citizen or permanent resident alien.

Check here certifying the applicant is NOT a United States citizen or permanent resident alien.

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SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MINOR SHAREHOLDERS - Check here if one or more of your shareholders each individually holds shares that total less than 1% of the total shares of the corporation/business/LLC. For example, there might be three shareholders whose total shares added together is 2% of the total shares but each shareholder individually only holds 0.66% of the shares.

TOTAL PERCENTAGE (%) of corporation/business/LLC held by minor shareholder(s) that individually holds less than 1% of the total shares of the corporation/business/LLC.

## 2. ADDITIONAL OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

- 1) If this IFQ online account is held by a business, then complete this section for each officer or partner associated with the business. Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. Total shareholders must equal 100%.
- 2) Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.

Business name:

Federal Tax ID #:

ALL individuals associated with the above-named account holder must be included in this application. Photocopy this page or attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business. Provide name, Social Security Number, address, telephone number with area code, date of birth, and position held in business.

**Position held - check ALL that apply**

- President/CEO
  Vice President
  Secretary
  Treasurer
  Director/Manager
  Shareholder
  Other

Percent (%) of Corporation Held (1% or more)

Check here certifying the applicant is a United States citizen or permanent resident alien.

Check here certifying the applicant is NOT a United States citizen or permanent resident alien.

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc
<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 280px; height: 30px;" type="text"/>	<input style="width: 210px; height: 30px;" type="text"/>	<input style="width: 130px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 280px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 180px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
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Check box if same as Mailing Address

SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 130px; height: 30px;" type="text"/>	<input style="width: 270px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 200px; height: 30px;" type="text"/>

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