


<p>Application For</p> <p>CRAB HARVESTING COOPERATIVE INDIVIDUAL FISHING QUOTA (IFQ) PERMIT</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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Annual Application Deadline – August 1

- ◆ Applications received after August 1 may not be processed.
- ◆ To be considered complete, this application must be accompanied by the following documents:
 1. Copies of the completed annual IFQ applications from every member of the Cooperative;
 2. A copy of the Cooperative’s business license;
 3. A copy of the Cooperative’s Articles of Incorporation or Partnership Agreement; and,
 4. A copy of the Cooperative Agreement (if different from #3 above).

BLOCK A – IDENTIFICATION OF COOPERATIVE

1. Name of Cooperative:	2. Date of Incorporation:	
3. Business Mailing Address of Cooperative:	4. Business Mailing Address of Designated Representative <i>(if different from Cooperative Business Mailing):</i>	
5. Type of business entity [] Cooperative [] Partnership [] Other (Specify):	6. State in which the cooperative is legally registered as a business entity: _____	
7. Business Telephone Number:	8. Business Fax Number:	9. Business E-mail Address:
10. Name of Designated Representative:	11. Signature of Designated Representative:	12. Date Signed:

Instructions -- Application For **CRAB HARVESTING COOPERATIVE IFQ PERMIT**

A completed application for an annual crab harvesting cooperative IFQ permit must be submitted annually by each crab harvesting cooperative and received by NMFS **no later than August 1**, together with the signed annual application for crab IFQ/IPQ permit forms of all the members of the crab harvesting cooperative.

A Crab Harvesting Cooperative IFQ Permit is an annual permit that authorizes the cooperative to harvest a defined annual amount of crab during a crab fishing year (July 1 through June 30). The amount of crab authorized by the permit is derived from the aggregate IFQ amounts that would otherwise have been issued to the members of the cooperative. Each cooperative will be issued a separate IFQ permit for each type of QS held by its members.

NOTE: To be considered complete, this application must be accompanied by the following documents:

- A copy of the completed annual IFQ application from every member of the Cooperative;
- A copy of the Cooperative's business license;
- A copy of the Cooperative's Articles of Incorporation or Partnership Agreement; and,
- A copy of the Cooperative Agreement (if different from Articles above).

Submit the completed application, which must be received by NMFS **no later than August 1**:

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

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

or fax to: **907-586-7354**

If you need assistance in completing this application or need additional information, call Restricted Access Management at **(800) 304-4846 (Option 2)** or **(907) 586-7202 (Option 2)**.

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at <http://alaskafisheries.noaa.gov>.

Additionally:

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

COMPLETING THE APPLICATION

Block A –Identity of Cooperative

1. Enter name of the cooperative.
2. Enter date of incorporation.
3. Enter business mailing address of cooperative.
4. Enter business mailing address of designated representative, if different from number 3.
5. Provide the type of business entity under which the cooperative is organized (*a cooperative may be formed as a partnership, a corporation, or as another legal business entity that is registered under the laws of one of the 50 states or the District of Columbia*).
6. Provide the state in which the cooperative is legally registered as a business entity.
- 7-9. Provide the business telephone number, fax number, and e-mail address for the cooperative or its designated representative.
- 10-11. Printed name and signature of the cooperative’s designated representative.
12. Date signed.

Block B – Members of the Cooperative

A crab harvesting cooperative must have a minimum of four unique QS holding entities. A unique QS holding entity is a QS holder or group of affiliated QS holders that are not affiliated with any other QS holders or QS holding entities in the crab harvesting cooperative.

Provide the full name and NMFS Person ID for each member of the cooperative.
Duplicate Block B as necessary to provide all names and ID numbers.