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|  | <p><b>APPLICATION FOR<br/>IFQ/CDQ<br/>REGISTERED BUYER PERMIT</b></p> | <p>U.S. Dept. of Commerce/NOAA<br/>National Marine Fisheries Service (NMFS)<br/>Restricted Access Management (RAM)<br/>P.O. Box 21668<br/>Juneau, AK 99802-1668<br/>(800) 304-4846 toll free / 586-7202 in Juneau<br/>(907) 586-7354 fax</p> |  |
|--|---|--|---|

Use this application to apply for or renew a Registered Buyer permit under Individual Fishing Quota (IFQ) Program and the Western Alaska Community Development Quota (CDQ) Program.

|  |                                |   |
|--|--------------------------------|---|
| <p>Is this application a renewal?                    <input type="checkbox"/> YES                    <input type="checkbox"/> NO</p> |                                |   |
| <p><b>If YES</b>, enter Registered Buyer Permit Number: _____</p>  |                                |   |
| <p><b><i>BLOCK A - APPLICANT IDENTIFICATION</i></b></p>  |                                |   |
| <p>1. Name of Registered Buyer:</p>  |                                | <p>2. NMFS Person ID:</p>                       |
| <p>3. Name of Contact Person:</p>  |                                |   |
| <p>4. Business Mailing Address:    <input type="checkbox"/> Permanent    <input type="checkbox"/> Temporary</p>                      |                                | <p>5. Physical Location of Facility:</p>        |
| <p>6. Business Telephone Number:</p>   | <p>7. Business Fax Number:</p> | <p>8. E-mail Address (<i>if available</i>):</p> |

**BLOCK B - TYPE OF ACTIVITY**  
(Check ALL that apply)

- Catcher – Seller (Permit Holder making dockside sales)
- IFQ Permit Holder or Hired Master (vessel operator) transferring IFQ/CDQ fish outside Alaska.
- Person receiving fish from harvester as a (check all that apply):
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Buyer-Broker                             | <input type="checkbox"/> Catcher/Processor                 | <input type="checkbox"/> Retail Operation |
| <input type="checkbox"/> Restaurant                               | <input type="checkbox"/> Mothership                        | <input type="checkbox"/> Tender           |
| <input type="checkbox"/> Shoreplant/Stationary Floating Processor | <input type="checkbox"/> Other ( <i>please describe</i> ): |   |
- \_\_\_\_\_

**BLOCK C - SIGNATURE**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant or Authorized Representative:

2. Date:

3. Printed Name of Applicant or Authorized Representative (*Note: If authorized representative, attach authorization.*):

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes 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, NMFS 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

## INSTRUCTIONS

### APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT

Use this application to apply for or renew a Registered Buyer permit for the Individual Fishing Quota (IFQ) Program and the Western Alaska Community Development Quota (CDQ) Program (50 CFR part 679).

At any time during the fishing year for which it is issued, a Registered Buyer permit authorizes the person identified on the permit to receive and make:

- ◆ an IFQ landing by an IFQ permit holder or IFQ hired master permit holder
- ◆ a CDQ halibut landing by a CDQ permit holder or CDQ hired master permit holder

A Registered Buyer permit is required of:

- ◆ Any person who receives IFQ halibut, CDQ halibut, or IFQ sablefish from the person(s) who harvested the fish.
- ◆ Any person who harvests IFQ halibut, CDQ halibut, or IFQ sablefish and transfers such fish
  - in a dockside sale,
  - outside of an IFQ regulatory area, or
  - outside the State of Alaska.
- ◆ A vessel operator who submits a Departure Report (see § 679.5(l)(4)).

**NOTE:** NMFS does not issue a Registered Buyer permit to entities receiving IFQ Pacific halibut, IFQ sablefish, or CDQ Pacific halibut at locations outside Alaska. In such cases the vessel operator must be a Registered Buyer.

A Registered Buyer permit is issued on a 3 year cycle upon approval by the Regional Administrator. A Registered Buyer permit is in effect from the first day of the year for which it is issued or from the date of issuance, whichever is later, through the end of the current NMFS 3-year cycle, unless it is revoked, suspended, surrendered, or modified.

### **GENERAL INFORMATION**

Type or print legibly in ink and retain a copy of completed application for your records. Please allow at least 10 working days for your application to be processed.

When completed, submit the original 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**

by delivery to: **Room 713, Federal Building  
709 West 9th Street  
Juneau, AK**

Online: <https://alaskafisheries.noaa.gov/webapps/ifaaccounts/Login>

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:

**Website:** <http://www.alaskafisheries.noaa.gov/ram/default.htm>

**Telephone (toll free): 800-304-4846 (press “2”)**

**Telephone (in Juneau): 907-586-7202 (press “2”)**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### ***COMPLETING THE APPLICATION***

If the application is submitted to NMFS online using an electronic application available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>, the NMFS Person ID, password, and transfer key take the place of a signature and certify that all information is true, correct, and complete.

#### **BLOCK A - APPLICANT IDENTIFICATION**

1. Name of Registered Buyer - (see above listings for additional information)
2. NMFS Person ID
3. Name of Contact Person - Name of a person we may contact regarding this application, such as the business owner, or manager.
4. Business Mailing Address - If you check “Permanent Address,” we will update the official RAM database. If you check “Temporary Address,” we will use it for this one application and we will not change the RAM database.
5. Physical Location of Facility - Enter the physical location of the facility where the Registered Buyer operation occurs. If there is no fixed location facility (as with some buyers), or if the activity occurs at multiple locations (as with some motherships), indicate the most frequently used location.
- 6-8. Business Telephone Number, Business Fax Number, and Business E-mail Address (include area codes)

#### **BLOCK B - TYPE OF ACTIVITY**

Select all of the activities that best describe your anticipated Registered Buyer activity.

#### **BLOCK C – SIGNATURE**

The applicant or authorized representative must enter printed name, signature, and date the application. The signature certifies that all information set forth in the application is true, correct, and complete to the best of the applicant’s knowledge and belief. The application will not be considered without the applicant’s or authorized representative’s signature. **Note:** If a representative acting on behalf of the applicant, attach written authorization signed by the applicant.

If the application is submitted to NMFS online using an electronic application available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>, the NMFS Person ID, password, and transfer key take the place of a signature and certify that all information is true, correct, and complete.