
	<p>Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)</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>	
--	---	--	---

BLOCK A - IDENTIFICATION OF APPLICANT

1. Name of Non-Profit Organization:	2. Name of Contact Person:	
3. Permanent Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address (if available):
7. Name of Community Represented by Non-Profit:	8. Name of Contact Person for Community Governing Body:	

BLOCK B – REQUIRED ATTACHMENTS

Attach the following information to this application. The application will not be processed unless appropriate information and documentation is provided.

- The applicant's Articles of Incorporation
- The applicant's Corporate By-laws
- A list of the applicant's key personnel, including its Board of Directors and Officers
- The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships
- A statement designating the eligible Gulf of Alaska coastal community(ies) that the entity seeks to represent
- An explanation of how the applicant will manage QS/IFQ on behalf of the community(ies) it seeks to represent
- A statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ.
- Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality or a tribe) that unambiguously designates the applicant as the community's representative and CQE.

BLOCK C - NOTARY CERTIFICATION

I am a duly authorized representative of the applicant. By my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant (<i>or Authorized Representative</i>):	2. Date:
3. Printed Name of Applicant (<i>or Authorized Representative</i>): <i>If representative, attach authorization.</i>	
4. Notary Public Signature: ATTEST	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this 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 FOR A NON-PROFIT CORPORATION
TO BE DESIGNATED AS A
COMMUNITY QUOTA ENTITY (CQE)**

A non-profit organization that wishes to represent an eligible Gulf of Alaska (GOA) community in the acquisition and use of quota share (QS) and individual fishing quota (IFQ) must complete this application for approval. Only those non-profit organizations approved by NMFS will be eligible to purchase QS and/or transfer IFQ on behalf of an eligible GOA community.

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.** 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.

An application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

When completed, submit application

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

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

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or 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

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF APPLICANT

1. Provide the name of the non-profit entity seeking to become a CQE
2. Name of the contact person for the non-profit organization applying to become a CQE
3. Enter permanent business mailing address, including street or P.O. Box, city, state, and zip code
- 4-6. Business telephone number, business fax number, and business e-mail address (*if available*)

Application for a Non-Profit Corporation to be Designated as a CQE

7. Enter the name of the eligible GOA community to be represented by the non-profit.
8. List the name of the contact person for Community Governing Body of the community.

BLOCK B - REQUIRED ATTACHMENTS

The non-profit organization applying to become a CQE must provide all of the documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application. This information is used both to evaluate the ability of the non-profit applicant to represent an Eligible GOA community and to ensure the non-profit has the support of the community's government body.

BLOCK C - NOTARY CERTIFICATION

- 1-3. Enter applicant printed name, signature, and date of application in the presence of a Notary Public. As a result of this requirement, **we cannot process faxed applications**. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant's behalf.
- 4-6. A Notary Public must Attest (sign), indicate date when commission expires, and affix his/her Notary Stamp. The Notary Public cannot be completed by the person submitting this application.