Revised: 06/28/2012 OMB Control No. 0648-0000 Expiration Date: xx/xx/xxxx

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|  | **Application**  **for a Community Quota Entity (CQE) to Receive a Non-trawl Groundfish LLP License** | 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 |

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| ***BLOCK A - IDENTIFICATION OF APPLICANT*** | | | | |
| 1. Name of Non-Profit (CQE) Organization: | | 2. Name of CQE Contact Person: | | 3. CQE NMFS Person ID: |
| 4. Name of Community on whose behalf the CQE is applying for an LLP(s): | | | | |
| 5. Permanent Business Mailing Address: | | | | |
| 6. Business Telephone Number: | 7. Business Fax Number: | | 8. Business E-mail Address: | |

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| ***BLOCK B –* NUMBER OF GULF OF ALASKA NON-TRAWL LLP LICENSES &**  **NON-TRAWL GEAR DESIGNATIONS REQUESTED** | | | |
| 1. Enter the number of LLP groundfish licenses being requested *(see instructions for the maximum number of licenses that can be issued per eligible community, for a management area)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. In the space below enter the non-trawl gear type to be designated on each groundfish license requested. By regulation NMFS may issue only pot gear Pacific cod endorsements for licenses that are endorsed for the Western Gulf of Alaska (WG). *(see instructions)*   **License Gear Type License Gear Type** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| ***BLOCK C – ATTACHMENTS WITH ADDITIONAL INFORMATION*** |
| The following information must be included as attachments to this application. The application will not be processed unless appropriate information and documentation are provided. |
| ♦ Describe the procedures the CQE will use to determine the distribution of LLP licenses to residents of the community represented by that CQE.  ♦ Describe the procedures the CQE will use to solicit requests from residents to be assigned an LLP license.  ♦ Describe the criteria the CQE will use to determine the distribution of LLP licenses among qualified community residents and the relative weighting of those criteria.  ♦ The CQE must provide an annual CQE authorization letter to NMFS that lists for each LLP license held by the CQE:  o The vessel to be assigned to the license for the calendar year  o The individual authorized to use the LLP license  o Certifies that the individual authorized to use the LLP license is   A citizen of the United States   Has maintained a domicile, for the 12 consecutive months preceding the authorization in the CQE Community that is eligible to receive an LLP license endorsed for Pacific cod in the CG or WG and on whose behalf this LLP license is to be held. |

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| ***BLOCK D - CQE 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 (or Authorized Agent): | 2. Date: |
| 3. Printed Name of Applicant (or Authorized Agent): If agent, attach authorization. | |

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| **Instructions**  **Application for a Community Quota Entity (CQE) to**  **Receive a Non-trawl Groundfish LLP License** |

Each non-profit must be approved by NMFS as a CQE by submitting an Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE) which is at: <http://alaskafisheries.noaa.gov/ram/cqp/CQEStatus.pdf>

Each CQE that is approved by the Regional Administrator under the requirements of 50 CFR 679.41(l)(3) to represent a community may apply to receive a groundfish license on behalf of any of the communities listed in Table 50 to part 679 (see below). A CQE may not apply for, and may not receive, more than the maximum amount of groundfish licenses designated in the regulatory area specified for a community listed.

**Table 50 To Part 679 — Maximum Number of Groundfish Licenses**

**and the Regulatory Area Specification of Groundfish Licenses**

**that May Be Granted to CQEs Representing Specific GOA Communities**

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| --- | --- | --- | --- |
| **Central GOA Pacific cod endorsed**  **non-trawl groundfish license** | | **Western GOA Pacific cod endorsed**  **non-trawl groundfish license** | |
| Community | Max. number of groundfish licenses that may be granted | Community | Max. number of groundfish licenses that may be granted |
| Akhiok | 2 | Ivanof Bay | 2 |
| Chenega Bay | 2 | King Cove | 9 |
| Chignik | 3 | Perryville | 2 |
| Chignik Lagoon | 4 | Sand Point | 14 |
| Chignik Lake | 2 |  | |
| Halibut Cove | 2 |
| Karluk | 2 |
| Larsen Bay | 2 |
| Nanwalek | 2 |
| Old Harbor | 5 |
| Ouzinkie | 9 |
| Port Graham | 2 |
| Port Lions | 6 |
| Seldovia | 8 |
| Tyonek | 2 |
| Tatitlek | 2 |
| Yakutat | 3 |

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A groundfish license approved for issuance to a CQE by the Regional Administrator for a community:

♦ May not be transferred to any person from the CQE;

♦ Will have only the regional designation specified for that community as listed in Table 50 to part 679;

♦ Will have an Maximum Length Overall (MLOA) of 60 feet specified on the license;

♦ Will have only a catcher vessel designation;

♦ Will receive only a non-trawl gear endorsement;

♦ Will be assigned a Pacific cod endorsement with a non-trawl gear designation as specified in regulation at 50 CFR 679.4(k)(10)(vi);

♦ May not be assigned to any vessel other than the vessel specified for that groundfish license in the annual CQE authorization letter; and

♦ May not be assigned for use by any person other than the individual specified for that groundfish license in the annual CQE authorization letter, or any subsequent amendment to that authorization letter that is made by the CQE provided that NMFS receives that amendment prior to that person using that groundfish license aboard a vessel.

**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. 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.

Mail the original completed application form to: **NMFS Alaska Region**

**Restricted Access Management (RAM)**

**P.O. Box 21668**

**Juneau, AK 99802-1668**

Hand Deliver to: Room 713, Federal Building

709 West 9th Street

Or Fax to: (907) 586-7354

If you need additional information, call RAM at: (800) 304-4846 (Option 2) or (907) 586-7202 (Option 2)

**COMPLETING THE APPLICATION**

**BLOCK A – IDENTIFICATION OF APPLICANT**

1. Name of Non-Profit Organization: Please provide the name of the non-profit entity seeking to receive a Non-trawl Groundfish LLP License.
2. Name of Contact Person: Name of the contact person for the non-profit organization.
3. NMFS person ID of the non-profit organization.
4. Enter the name of the community on whose behalf the CQE is applying.
5. Permanent Business Mailing Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.

6 -7. Business Telephone Number and Fax Number, including the area codes.

1. Business E-mail address.

**BLOCK B – NUMBER of CENTRAL GOA NON-TRAWL LLP LICENSES REQUESTED & NON-TRAWL GEAR DESIGNATION**

1. Enter the number of Gulf of Alaska LLP Groundfish License that the CQE is requesting on behalf of the eligible community in Block A.4.

***Note: A community will not be issued more than the number and type of licenses authorized in Table 50 to Part 679 (see below)*.**

2. Indicate for each license requested, the gear non-trawl type to be designated on each license.

For example, if requesting two Central GOA LLP Non-Trawl Licenses indicate gear on each as follows:

License #1 – Longline Gear

License #2 – Pot Gear

**NOTE(s):**

* NMFS will issue only pot gear Pacific cod endorsements on groundfish licenses endorsed for the Western Gulf of Alaska (WG) issued to a CQE.
* NMFS will issue either a pot gear or a hook-and-line gear Pacific cod endorsement for a groundfish license with a Central Gulf of Alaska (CG) designation issued to a CQE provided that this application is received by NMFS not later than six (6) months after April 21, 2011. If an application is received more than six months after April 21, 2011, NMFS will issue an equal number of licenses with pot gear and hook-and-line gear Pacific cod endorsements. In cases where the CQE is eligible to receive an odd number of groundfish licenses, NMFS will issue one more groundfish license with pot gear than with hook-and-line gear. For example, if a CQE community may receive five (5) CG groundfish licenses and an application is received more than six months after April 21, 2011, NMFS will issue three (3) licenses with pot gear and two (2) licenses with hook-and-line gear.

**BLOCK C - REQUIRED INFORMATION**

The non-profit organization applying to receive a non-trawl groundfish LLP license 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.

**BLOCK D – CQE CERTIFICATION**

1-3. Enter signature, printed name, and date of application. Representatives acting on behalf of an applicant must supply proof of agent authorization to submit this application on the applicant’s behalf.

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 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, 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.

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