



**SUBSISTENCE HALIBUT
REGISTRATION CERTIFICATE (SHARC)
APPLICATION FOR
AN ALASKA NATIVE TRIBAL MEMBER**

U.S. Dept of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management
P.O. Box 21668
Juneau, Alaska 99802-1668
(800) 304-4846 toll free / 586-7202 in
Juneau; (907) 586-7354 fax

Are you applying for a new SHARC or a renewal of an existing SHARC?

New Renewal

If a renewal, enter current SHARC number: _____

BLOCK A - ALASKA TRIBAL MEMBER INFORMATION

1. Name of Fisherman (First, Middle, Last)	2. Birth Date (mm/dd/yyyy)	3. Daytime Telephone Number
4. Permanent Mailing Address (Street, City, State, Zip Code)		
5. Name of Alaska Native Tribe	6. Community or Area of Residence (if Area, Describe the Location)	

Only persons who are members of an Alaska Native tribe as defined in 50 CFR 300.65 may be issued a tribal SHARC.

Alaska Native tribe means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a Federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2) of this part. **A tribal SHARC may not be issued to anyone who is not a member of an Alaska Native Tribe as defined in 50 CFR 300.65(g)(2).**

Applicants **must complete Block A, and sign and date Block B.** Incomplete applications will result in delayed processing. Unsigned applications will not be processed.

BLOCK B – CERTIFICATION OF ELIGIBILITY

I certify, under penalties of perjury, that I am a member of an Alaska Native Tribe as defined at 50 CFR 300.65(g)(2) and that to the best of my knowledge and belief all information contained on this application is true, correct, and complete. _____

Signature of Tribal Member Applicant	Date:
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INSTRUCTIONS
SHARC APPLICATION FOR A TRIBAL MEMBER

GENERAL INFORMATION

If you have questions when completing the application, please

- call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2),
- check our web site at www.alaskafisheries.noaa.gov/ram, or
- e-mail your questions to RAM.Alaska@noaa.gov.

Please allow at least 10 days for processing your SHARC. If you would like to have your SHARC sent by a method other than regular U.S. mail, please attach a note indicating a method, and follow the appropriate procedure below.

Complete the application and submit:

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

Or deliver to: **Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

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

Express Mail Return

If you would like to have your SHARC sent to you by U.S. Postal Express Mail, send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope.

NOTE: If the express mail envelope you send is too small or the postage attached is less than the amount required, your SHARC will be sent to you by regular U.S. mail.

Return by Other Express Carriers

If you would like to have your SHARC sent to you by a private express carrier (e.g., Federal Express, UPS, DHL) submit your account number and name of carrier or a prepaid envelope with the permit application.

PROGRAM INFORMATION

The Halibut Subsistence Fishery is authorized by Federal regulations at 50 CFR Part 300 and provides for eligible persons to conduct subsistence halibut fishing in Convention waters off Alaska.

Subsistence halibut means halibut caught by a rural resident or a member of an Alaska Native tribe for direct personal or family consumption as food, sharing for personal or family consumption as food, or customary trade.

Eligible persons are residents of particular rural communities or rural areas and all identified members of federally recognized Alaska Native tribes.

Alaska Native tribe means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2).

COMPLETING THE APPLICATION

Please indicate whether you are applying for a new SHARC or a renewal of an existing SHARC. If a renewal, please list your current SHARC number in the space provided.

BLOCK A – ALASKA TRIBAL MEMBER INFORMATION

Note: Your application will not be processed if this section is not completed.

1. Enter your full name (First, Middle, Last). Please include any suffixes such as Jr., Sr., etc.
2. Enter your date of birth (Month/Day/Year).
3. Enter a daytime telephone number, including area code.
4. Enter your **permanent** mailing address, including P.O. Box, street, state, and zip code. The SHARC will be sent to this address.
5. Enter the name of the Alaska Native Tribe of which you are a member that qualifies you as eligible to fish for subsistence halibut. This tribe must be one of the Alaska Native Tribes listed in 50 CFR 300.65(g)(2).
6. Enter your community or area of residence (city and state, or describe the location within the area). A description may include such information as latitude and longitude if known or direction and distance from a landmark or from a milepost on a road. List your current community or area of residence even if it is not one of the eligible rural communities listed in 50 CFR 300.65(g)(1) or eligible rural areas listed in 50 CFR 300.65(g)(3).

BLOCK C – CERTIFICATION OF ELIGIBILITY

Please sign and date the application. You must sign and date the application certifying you are a member of an eligible Alaska Native Tribe under 50 CFR 300.65(g)(2) and that all information contained in the application is true, correct, and complete to the best of your knowledge and belief. **The application will be considered incomplete without your signature and will not be processed.**

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the 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 estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request unless the form displays a currently valid OMB control number; 2) This information is being used to monitor the Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage the subsistence halibut program in Alaska; 4) Submission of this information is required of all persons seeking to participate in directed fishing for Pacific halibut under the subsistence halibut program; 5) This information is mandatory and is required to monitor the subsistence halibut program under the Northern Pacific Halibut Act of 1982; 6) The birthdate is confidential under the Privacy Act.