
	<p>Application for TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES</p>	<p>U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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Notes:

- ◆ Applications to transfer Individual Fishing Quota from one Crab Harvesting Cooperative to another will not be processed in a crab season until after Individual Fishing Quota (IFQ) amounts for that season have been calculated and issued.
- ◆ This form is used to apply for a transfer of IFQ from one Crab Harvesting Cooperative to another; all other applications for transfers must be submitted on an appropriate transfer application form.

BLOCK A – IDENTIFICATION OF TRANSFEROR (“LESSOR”)

1. Name of Transferor:		2. NMFS Person ID:
		3. Date of Incorporation:
4. Name of Authorized Representative (<i>print</i>):		
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (<i>see instructions</i>):	
7. Business Telephone Number:	8. Business Fax Number:	9. E-Mail Address:

BLOCK B – IDENTIFICATION OF TRANSFEREE (“LESSEE”)

1. Name of Transferee:		2. NMFS Person ID:
		3. Date of Incorporation:
4. Name of Authorized Representative (print):		
5. Permanent Business Mailing Address:	6. Temporary Business Mailing Address (see instructions):	
7. Business Telephone Number:	8. Business Fax Number:	9. E-Mail Address:

BLOCK C¹ – SIGNATURE OF TRANSFEROR (“LESSOR”)

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Authorized Representative of the Transferor:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferor:	

BLOCK C² – SIGNATURE OF TRANSFEREE (“LESSEE”)

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Authorized Representative of the Transferee:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferee:	

**BLOCK D¹ – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE)
TO COOPERATIVE MEMBERS (To Be Completed By Transferor)**

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D¹ to cooperative members in Block D².

Permit Number	Fishery	Sector	Region	Class (A, B, R, or U)	IFQ Pounds

**BLOCK D² -- IDENTIFICATION OF COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)**

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

**BLOCK D¹ – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE)
TO COOPERATIVE MEMBERS (To Be Completed By Transferor)**

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D¹ to cooperative members in Block D².

Permit Number	Fishery	Sector	Region	Class (A, B, R, or U)	IFQ Pounds

BLOCK D² -- IDENTIFICATION OF COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours 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 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, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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 TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES

GENERAL INFORMATION

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of IFQ between Crab Harvesting Cooperatives. All other applications for transfer must be submitted on an appropriate transfer application.

This Application to Transfer IFQ between Crab Harvesting Cooperatives will not be processed in any year until after IFQ amounts have been calculated and issued.

The application will not be processed or approved unless it is complete; in addition to providing the information required by this Application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

This application cannot be processed or approved unless all parties to the proposed transfer (including the proposed transferor, the proposed transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the BSAI Crab Rationalization Program, including (as appropriate):

- ◆ Submit an Economic Data Report (EDR).
An EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is June 28.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

e-mail: info@psmfc.org

- ◆ Payment of all outstanding fees to NMFS on or before July 31.

ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

Please allow up to ten working days for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.

◆ Submit the completed application:

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

By fax to RAM at: 907-586-7354

Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

Or, hand deliver to: NMFS Alaska Region
Attn: RAM
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 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 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

COMPLETING THE FORM

BLOCK A – IDENTIFICATION OF TRANSFEROR (“LESSOR”)

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to transfer the IFQ to another Crab Harvesting Cooperative.
2. Enter the NMFS “Person ID” number.
3. Enter the Date of Incorporation.
4. Enter (print) the name of the Authorized Representative.
5. Enter the Permanent Business Mailing Address.
6. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
- 7-9. Enter the business telephone number, business fax number, and e-mail address.

BLOCK B – IDENTIFICATION OF TRANSFEREE (“LESSEE”)

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to receive the IFQ from another Crab Harvesting Cooperative.
2. Enter the NMFS “Person ID” number.
3. Enter the Date of Incorporation.
4. Enter (print) the name of the Authorized Representative.
5. Enter the Permanent Business Mailing Address.
6. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
- 7-9. Enter the business telephone number, business fax number, and e-mail address.

BLOCKS C¹ AND C² – SIGNATURES OF THE TRANSFEROR AND PROPOSED TRANSFEREE

Enter printed name, signature, and date signed. If authorized representative, attach authorization.

BLOCK D¹ – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S) (To Be Completed by Transferor)

If this application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application.

Distribute the IFQ identified in Block D¹ to cooperative members in Block D².

Enter IFQ permit number, BSAI Crab Rationalization fishery (code), sector, region, IFQ Class (A, B, R, or U), and the number of IFQ pounds that are intended to transfer.

BLOCK D² – IDENTIFICATION OF TRANSFEREE MEMBER(S) (To Be Completed By Transferee)

Repeat this information for all IFQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified.

List all qualifying members individually.

Enter name of Qualifying Member, NMFS Person ID, and amount of IFQ received.