

**CHARTER  
HALIBUT  
LIMITED  
ACCESS****APPLICATION FOR TRANSFER  
(LEASE)**

Between Individual Fishing Quota(IFQ)  
And Guided Angler Fish(GAF)  
**COMMUNITY QUOTA ENTITY**

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



A Community Quota Entity (CQE) holding International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial individual fishing quota (IFQ) should use this application form to transfer individual fishing quota (IFQ) for use as guided angler fish (GAF) by a community resident holding one or more charter halibut permits for areas 2C or 3A. This form is only used if a CQE is the proposed transferor ("seller") or the proposed transferee ("buyer") of the IFQ; if not, a different form must be used.

The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC). The application must be signed by a representative of the community for whom the CQE holds the IFQ.

Use this form to return unused GAF to the CQE from which it was obtained. NMFS will not transfer IFQ to GAF after November 1 and will return all unharvested GAF to the CQE on or about November 1st each year.

**NOTE:** The CQE is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. NMFS will return unused GAF to the CQE from which they were obtained; no fees will be assessed for any unused GAF.

**ATTACHMENTS**

Use this block to determine which forms and other information must be included with your transfer. Please check each applicable box below to ensure that your application is complete and can be processed in a timely manner.

- Completed Application  
 Copy of IFQ permit (s) enclosed  
 Valid Charter Halibut Permit  
 Power of Attorney (if applicable)

**BLOCK A – IDENTIFICATION OF PROPOSED TRANSFEROR ("LESSOR")**

1. Name:		2. NMFS Person ID:	
3. Name of Community represented by the CQE:			
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone No.:	7. Business Fax No:	8. E-mail address (if available):	

**BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEREE (“LESSEE”)**

1. Name:		2. NMFS Person ID:	
3. Name of Community represented by the CQE :			
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail Address (if available):	

**BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED**

IFQ Permit Number	IPHC Area	CHP Number	GAF Permit Number	Number of GAF

**BLOCK D - REQUIRED SUPPLEMENTAL INFORMATION**  
*(To be completed by proposed transferor , if a CQE)*

Indicate the reason(s) you are proposing this transfer (check all that apply and provide a brief explanation on a separate sheet).

- CQE Management and Administration
- Participation by Community residents
- Fund additional QS purchase
- Dissolution of Community Quota Entity
- Other (specify)

**BLOCK E -- NOTARIZED CERTIFICATION OF PROPOSED TRANSFEROR ("LESSOR")**

Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.

1. Signature of proposed transferor or authorized agent:

2. Date:

3. Printed name of proposed transferor or authorized agent (**Note:** If an agent, authorization must be attached):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**BLOCK F -- NOTARIZED CERTIFICATION OF PROPOSED TRANSFEREE ("LESSEE")**

Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.

1. Signature of proposed transferee or authorized agent:

2. Date:

3. Printed name of proposed transferee or authorized agent (**Note:** If an agent, authorization must be attached):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**BLOCK G -- NOTARIZED CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE**

I swear, or affirm, that I am a permanent resident of the community on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident. I am a duly authorized representative of the community on whose behalf the CQE is proposing to transfer IFQ. By my signature below, I attest that the applicant CQE has the approval of our community to complete this IFQ transfer, for the reasons set out on this application.

1. Signature of Community Representative:

2. Date:

3. Printed name and Title of Community Representative:

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**Instructions**  
APPLICATION FOR TRANSFER (LEASE)  
BETWEEN IFQ AND GAF -- COMMUNITY QUOTA ENTITY (CQE)

**GENERAL INFORMATION**

This application is for use in transferring annual IPHC Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial individual fishing quota (IFQ) held by a Community Quota Entity (CQE) for use as guided angler fish (GAF) by a community resident holding one or more charter halibut permits for areas 2C or 3A. If a CQE is not a party to the proposed transfer, use a different application.

The application must be signed by a representative of the community for whom the CQE holds the IFQ. The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska to hold, and to fish, quota share (QS) and IFQ. Such communities are represented by CQEs, who must use a special application form to provide for transfers of QS/IFQ to and from (and between) CQEs.

This application may only be used to apply for a transfer of IFQ for the current halibut fishing year. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer is not effective until approved by NMFS.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the IFQ Program, including (as appropriate):

- ◆ The transferee requesting GAF must hold a valid Charter Halibut Permit (this includes community charter halibut permit or military charter halibut permit).
- ◆ The transferee requesting GAF from a CQE must be a resident of the community represented by the CQE in this transfer.
- ◆ The CQE has completed and filed with NMFS the required annual report at 50 CFR 679.5(1)(8)
- ◆ A Transfer of IFQ to GAF will not be approved if it would cause the parties to exceed the use limits in 50 CFR xxxxx(c)(5)(i)(G)(3) or 50 CFR 679.42(e) or (f).
- ◆ Neither party to the transfer has any outstanding fines, civil penalties or other payments due and owing, or outstanding permit sanctions.
- ◆ Payment of all outstanding fees to NMFS

**NOTE: Unused GAF will be returned to the CQE from which they were obtained; no fees will be assessed for any unused GAF. The CQE is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC areas 2C and 3A using annual commercial IFQ values provided by annually by IFQ Registered Buyers. This standard value may not be challenged (i.e. actual values may not be substituted).**

## ADDITIONALLY

Print information in the application legibly in ink or type information. Complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.

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.

When completed, mail the original application to:

**Alaska Region, National Marine Fisheries Service  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**

or deliver to:

**Room 713, Federal Building  
709 West 9th Street**

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.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

**Telephone (toll Free): 1-800-304-4846 (press "2")  
Telephone (Juneau): 907-586-7202**

**E-Mail Address: RAM.Alaska@noaa.gov**

**Web Site: <https://alaskafisheries.noaa.gov>**

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). Because of the legal importance of these documents, RAM will not otherwise process the application.

An application submitted and signed by an agent for a party to the transfer will not be processed unless clear and unambiguous certification of the agent's authority to do so is provided.

## COMPLETING THE APPLICATION

### BLOCK A – IDENTIFICATION OF PROPOSED TRANSFEROR

1. Legibly print or type the full name of the CQE proposing to transfer the IFQ
2. Enter the "NMFS Person ID"

3. If the proposed transferor is a CQE, enter the name of the community on whose behalf the CQE is applying.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 6-8. Enter business telephone number, business fax number, and e-mail address (if available).

**BLOCK B – IDENTIFICATION OF THE PROPOSED TRANSFEREE**

1. Legibly print or type the name of the party proposing to receive by transfer the QS/IFQ.
2. Enter the “NMFS Person ID”
3. If the proposed transferee is a community member, enter the name of the community.
4. Enter the permanent business mailing address.
5. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 6-8. Enter business telephone number, business fax number, and e-mail address (if available).

**BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED**

- ◆ Enter the IFQ permit number of the 2C or 3A halibut CQE quota share holder
- ◆ Enter the International Pacific Halibut (IPHC) management area for the IFQ permit
- ◆ Enter the Charter Halibut Permit number of the transferee requesting a guided angler fish (GAF)
- ◆ Enter the GAF Permit number, if applicable, for a transfer of GAF back to the IFQ permit holder
- ◆ Enter the number of GAF requested in this transfer, expressed as number of fish not pounds of fish.

**BLOCK D - REQUIRED SUPPLEMENTAL INFORMATION**

(To be completed by proposed transferor , if a CQE)

Indicate the reason(s) you are proposing this transfer (check all that apply and provide a brief explanation on a separate sheet).

**BLOCK E -- NOTARIZED CERTIFICATION OF TRANSFEROR (SELLER)**

1. Enter printed name and signature of Transferor and date signed  
If completed by an authorized agent, attach authorization
2. Signature, commission expiration date, and stamp of notary public

**BLOCK F -- NOTARIZED CERTIFICATION OF TRANSFEREE (BUYER)**

1. Enter printed name and signature of Transferor and date signed  
If completed by an authorized agent, attach authorization
2. Signature, commission expiration date, and stamp of notary public

**BLOCK G -- NOTARIZED CERTIFICATION OF CQE COMMUNITY REPRESENTATIVE**

1. Enter printed name, title, and signature of Community Representative, and date signed.
2. Signature, commission expiration date, and stamp of notary public

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***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 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. Responses are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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