

National Marine Fisheries Service / Northeast Regional Office

Tilefish IFQ Allocation Interest Declaration



All persons and entities who have an interest in the Tilefish IFQ Allocation Permit that is the subject of this application must list all the other Tilefish IFQ Allocation Permits in which they have an interest. Individuals who have an interest in a Tilefish IFQ Allocation Permit are defined as and include, but are not limited to, individuals, persons who are shareholders or officers in a corporation, persons who have formed a partnership (general or limited), immediate family members of those who hold an interest, and any other entities that have an interest in a Tilefish IFQ Allocation Permit. If a corporation, partnership, or LLC is listed in Column A, shareholders/officers must be identified.

| Section A – Individual Applying for a Tilefish IFQ Allocation Permit | | | |
|---|---|---|---|
| Name, Address, and Phone | # of Entity: | | |
| Section B – Owners of Tilefish IFQ Allocation in Section A and any other Tilefish IFQ Allocation owned. | | | |
| Column A – Entire name of the owner(s) of the IFQ Allocation in Section A. Include both corporation names and names of Shareholders/Officers. | Other Tilefish IFQ Allocations owned Provide the name, and Tilefish IFQ Allocation permit application number for the other Tilefish IFQ Allocations in which the owner(s) of the tilefish IFQ Allocation in <i>Column A</i> has an interest. | | |
| Owner(s) Name | Tilefish IFQ Allocation Permit Application # | Tilefish IFQ Allocation Permit Application # | Tilefish IFQ Allocation Permit Application # |
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| I, the undersigned, am the owner or legally authorized agent of the owner of the IFQ Allocation named in Section A above. I affirm, subject to the penalties provided in 18 USC 1001, that all information that I have given in obtaining this permit is true and correct. Name of | | | |
| Applicant (print clearly) Signature of Applicant Date | | | |
| PAPERWORK REDUCTION ACT STA declaration , including the time for revi completing and reviewing the collectio burden to the Assistant Regional Admi Gloucester, MA 01930. | ATEMENT: Public reporting burden ewing instructions, searching existing of information. Send comments re | for this collection of information is esting data sources, gathering and maintage garding this burden estimate or any o | aining the data needed, and ither suggestions for reducing this |
| All data will be kept confidential. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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. OMB CONTROL NO: 0648-0590 Expiration Date: 10/31/2013 | | | |