



**APPLICATION FOR APPROVAL  
AS AN ENTITY TO RECEIVE  
TRANSFERABLE CHINOOK  
SALMON PSC ALLOCATION**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service (NMFS)  
Sustainable Fisheries Division  
P.O. Box 21668  
Juneau, AK 99802-1668  
Fax: 907-586-7131  
Telephone: 907-586-7228



**REQUIRED AUTHORIZATION CONTRACT ATTACHMENT**

An authorization contract containing the following information must be attached:

- ◆ Information that documents that all vessel owners party to the contract agree that the entity, the entity’s representative, and the entity’s agent for service of process named in this application represent them for purposes of receiving transferable allocations of Chinook salmon Prohibited Species Catch (PSC).
- ◆ A statement that the entity’s representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract and are responsible to comply with all applicable requirements of this part. -

**BLOCK A – CONTACT INFORMATION**

1. Name of Entity:		2. NMFS Person ID:	
3. Name of Entity’s Representative		4. Name of Agent for Service of Process <i>(if different from representative)</i>	
5. Permanent Business Mailing Address:		6. Temporary Business Mailing Address <i>(if applicable)</i> :	
7. Business Telephone Number:	8. Business Fax Number:	9. Business E-mail address:	

**BLOCK B – VESSEL IDENTIFICATION**

For each AFA permitted vessel that the entity will represent, provide the following information. *Attach additional sheet if necessary.*

Name of vessel	ADF&G No.	Federal Fisheries Permit No.

**BLOCK B – VESSEL IDENTIFICATION (continued)**


**BLOCK C – AFFIRMATION**

(Check this box)

I claim, swear, and affirm that each eligible vessel owner, from whom I received written notification, requesting to join this sector entity has been allowed to join this sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity.

**BLOCK D – CERTIFICATION**

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.

Printed Name of Representative:	Signature of Representative:	Date Signed:
Printed Name of Agent for Service of Process (if applicable):	Signature of Agent:	Date Signed:



Instructions  
**APPLICATION FOR APPROVAL AS AN ENTITY  
TO RECEIVE TRANSFERABLE CHINOOK SALMON PSC ALLOCATION**

Each year, NMFS will allocate to American Fisheries Act (AFA) sectors a portion of the Chinook salmon prohibited species catch (PSC) limit per §679.21(f). A representative of an entity representing the catcher/processor sector or the mothership sector may request approval by NMFS to receive transferable Chinook salmon PSC allocations on behalf of the members of the sector.

**GENERAL INFORMATION**

An authorization contract containing the following information must be attached to this application:

- ◆ Information that documents that all vessel owners party to the contract agree that the entity, the entity's representative, and the entity's agent for service of process named in this application represent them for purposes of receiving transferable allocations of Chinook salmon Prohibited Species Catch (PSC).
- ◆ A statement that the entity's representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract and are responsible to comply with all applicable requirements of this part. -

Once submitted, the contract attached to this application is valid until amended or revoked by the parties to the contract.

**Deadlines.**

- ◆ The initial application and contract must be received by **October 1**.
- ◆ Additions or deletions to the vessel owners party to the contract or the list of vessels represented by the entity must be received by **December 1**.

**Additionally**

Retain a copy of completed application for your records.

When complete, submit to NMFS:

- ◆ by mail to: Administrator, Alaska Region, NMFS  
Attn: NMFS Sustainable Fisheries  
P.O. Box 21668  
Juneau, AK 99802-1668
- ◆ by fax to: (907)586-7354
- ◆ or electronically at <http://alaskafisheries.noaa.gov>

Report forms are available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>, or by contacting NMFS at (800)304-4846, Option 2.

If you have any questions, or if you need any assistance in completing the application, please call NMFS Sustainable Fisheries at **907-586-7228**.

## **COMPLETING THE APPLICATION**

### **BLOCK A – CONTACT INFORMATION**

1. Name of Entity: Legibly print or type the name of the entity requesting transfer.
2. NMFS Person ID. NMFS will assign this number, if necessary.
3. Name of Entity's Representative. Name of representative of entity.
4. Name of Agent for Service of Process, if different from representative.
5. Permanent Business Mailing Address: P.O Box number or street, city, state, and zip code.
6. Temporary Business Mailing Address (if applicable): If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
7. Business Telephone Number, including area code.
8. Business Fax Number, including area code.
9. Business E-mail address.

### **BLOCK B – VESSEL INFORMATION**

For each AFA permitted vessel that the entity will represent, provide the following information. **Attach** additional sheet if necessary.

1. Vessel Name
2. Alaska Department of Fish and Game (ADF&G) Vessel Registration Number of vessel
3. Federal Fisheries Permit (FFP) Number of vessel

### **BLOCK C – AFFIRMATION**

Check  this box.

### **BLOCK D – CERTIFICATION**

1. Enter printed name and signature of the Representative, and date signed.
2. Enter printed name and signature of Agent for Service of Process (if different from the Representative), and date signed.

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting for this collection of information is estimated to average 8 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.*) as amended in 2006; 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.

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