


CHARTER HALIBUT LIMITED ACCESS PROGRAM	APPLICATION FOR COMMUNITY CHARTER HALIBUT PERMIT (CCHP)	U.S. Department of Commerce NOAA National Marine Fisheries Service Alaska Region Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / (907) 586-7202 in Juneau (907) 586-7354 fax	
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Use a separate application for each community on whose behalf you are requesting a community charter halibut permit.

BLOCK A -- TYPE OF PERMIT
Indicate type of permit for which you are applying. <input type="checkbox"/> Community Charter Halibut Permit An authorized Community Quota Entity (CQE) must apply for this permit on behalf of the eligible community. Complete Blocks A, B, and C. Sign and date Block D. See instructions for list of eligible communities.

BLOCK B –APPLICANT INFORMATION		
1. Applicant’s Name		
2. Business Mailing Address (Street or P.O. Box, City, State, Zip Code):		
3. Business Telephone Number:	4. Business Fax Number:	5. Business E-mail Address:

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST		
1. Enter the name(s) of the community that the CQE represents (duplicate this page if needed).	2. List the number of charter halibut permits you are requesting for this community:	
3. List the locations, including the latitude and longitude, where all trips will begin or end within the boundaries of the Community for which you are applying. (attach additional pages if necessary).		
Location Name	Latitude	Longitude

BLOCK D – CQE APPLICANT SIGNATURE

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. Individual signing this application may be required to provide documentation of his/her authority to apply on behalf of the Applicant.

Signature of Applicant:	Date:
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Printed Name of individual completing this application on behalf of CQE	Title of individual completing this application on behalf of CQE
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PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average one hour 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 implement the Charter Halibut Limited Access Program for IPHC Regulatory Areas 2C and 3A; 3) Federal law and regulations require and authorize NMFS to manage charter halibut programs in Alaska; 4) Submission of this information is mandatory for any entity participating in charter halibut fishing; 5) This information is used to monitor the Charter Halibut Limited Access Program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.

Application Instructions

COMMUNITY CHARTER HALIBUT PERMIT

GENERAL INFORMATION

Application forms are available National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, web site at <http://www.alaskafisheries.noaa.gov>.

When completed, submit the application by:

By mail to:

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

By fax to:

907-586-7354

Deliver to:

**709 West 9th Street Suite 713
Juneau, Alaska 99801**

Please allow at least **ten working days** for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

Direct any questions you may have to NMFS, RAM at

1-800-304-4846 (option 2) or 907-586-7202 (option 2).

COMPLETING THE APPLICATION

BLOCK A—TYPE OF PERMIT(S)

Indicate the type of permit(s) for which you are applying.

Community Charter Halibut Permit

A Community Quota Entity (CQE) representing an eligible community may receive one or more community charter halibut permits. A community charter halibut permit issued to a CQE will be designated for area 2C or area 3A, will be non-transferable, and will have an angler endorsement of six (6). The CQE must use a separate application for each community on whose behalf requesting a community charter halibut permit.

If Applicant is a CQE requesting Community Charter Halibut Permits, enter the name of the community represented by the CQE in this application.

Complete Blocks A, B, and C. Sign Block D

NOTE: Each eligible community must form a non-profit entity or CQE to represent it prior to applying for a Community Charter Halibut Permit. This non-profit must apply to NMFS/RAM for certification of eligibility as a CQE using the “Application for a Non-Profit to be Designated as a Community Quota Entity (CQE)”.

Only the following communities are eligible to obtain Community Charter Halibut Permits in the area designated for the community. One Application form must be submitted for each community; multiple communities may not be listed on a single application.

Eligible Communities for 2C Community Charter Halibut Permits	Eligible Communities for 3A Community Charter Halibut Permits
Angoon	Akhiok
Coffman Cove	Chenega
Edna bay	Halibut Cove
Hollis	Karluk
Hoonah	Larsen Bay
Hydaburg	Nanwalek
Kake	Old Harbor
Kassan	Ouzinkie
Klawock	Port Graham
Metlakatla	Port Lions
Meyers Chuck	Seldovia
Pelican	Tatitlek
Point Baker	Tyonek
Port Alexander	Yakutat
Port Protection	
Tenakee	
Thorne Bay	
Whale Pass	

BLOCK B –APPLICANT INFORMATION

1. Applicant’s name
2. Business mailing address (Street or P.O. Box, city, state, zip code)
- 3-5. Business telephone number, business fax number, and business e-mail address

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST

1. Enter the name(s) of the community that the CQE represents.
2. List the number of charter halibut permits you are requesting for this community.

3. List location boundaries of community, including latitude and longitude, where all trips will begin or end.

BLOCK D – CQE APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her title, and sign and date this application. This individual may be required to provide documentation demonstrating his/her authority.