Rev 05/30/2013 OMB Control No. 0648-0592. Expiration Date 01/31/2015

|  |  |  |
| --- | --- | --- |
| **CHARTER HALIBUT****LIMITED ACCESS PROGRAM** | **APPLICATION FOR TRANSFER (LEASE) Between** **Individual Fishing Quota(IFQ) And Guided Angler Fish (GAF)** | U.S. Dept. of Commerce/NOAANational Marine Fisheries Service (NMFS)Restricted Access Management (RAM)P.O. Box 21668Juneau, AK 99802-1668(800) 304-4846 toll free / 586-7202 in Juneau(907) 586-7354 fax |
| ***GENERAL REQUIREMENTS*** |
| This application form is for use in transferring 2C or 3A commercial individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for areas 2C or 3A. This form should also be used to return unused GAF to the IFQ permitholder from which it was obtained. Use this block to determine what 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[ ] Copy of Charter Halibut Permit (Transferee receiving GAF must have a valid Charter Halibut Permit)[ ] Power of Attorney (if applicable)**Notes:** 1. **Voluntary transfers to return GAF fish to the IFQ Permit Holder may only be submitted during the month of August. Voluntary returns of unused GAF will be processed on or about September 1st.**
2. **NMFS will return all unharvested GAF to the IFQ permitholder 15 days prior to the end of the fishing season.**
3. **The IFQ permitholder is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. Unused GAF will be returned to the IFQ permitholder from which they were obtained; no fees will be assessed for any unused GAF unless it is later harvested by the IFQ permitholder.**
 |

|  |
| --- |
| ***BLOCK A - IDENTIFICATION OF TRANSFEROR (LESSOR)*** |
| 1. Name of Transferor: | 2. NMFS Person ID: |
| 3. Permanent Business Mailing Address: | 4. Temporary Business Mailing Address: |
| 5. Business Telephone Number: | 6. Business Fax Number: | 7. E-mail Address: |
| 8. Has transferor paid all fees, as required by § 679.45?  YES [ ] NO [ ] NOT APPLICABLE [ ] |

|  |
| --- |
| ***BLOCK B*** - ***IDENTIFICATION OF TRANSFEREE (LESSEE)*** |
| 1. Name of Transferee: | 2. NMFS Person ID: |
| 3. Permanent Business Mailing Address: | 4. Temporary Business Mailing Address: |
| 5. Business Telephone Number: | 6 Business Fax Number: | 7. E-mail Address: |
|  |
| 8. Has transferee paid all fees, as required by § 679.45? YES [ ] NO [ ] NOT APPLICABLE [ ] |

|  |
| --- |
| ***BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED*** |
| **IFQ Permit Number** | **IPHC Area** | **Charter Halibut Permit Number** | **GAF Permit Number**(only required when GAF is returning to the IFQ permitholder) | **Number of GAF\***(number of fish **not** pounds) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*The number of fish requested will be deducted from or added to the annual IFQ permit in round weight equivalent pounds. See annual conversation table to determine the number of pounds that will be added or subtracted from the annual IFQ permit. The conversion rate cannot be challenged.

|  |
| --- |
| ***CERTIFICATION OF TRANSFEROR*** |
| *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 Transferor: | 2. Date: |
| 3. Printed Name of Transferor: **(**If authorized representative, attach authorization) |
| 4. **ATTEST** (Signature of Notary Public):  | 6. Affix Notary Stamp or Seal Here: |
| 5. Commission Expires: |

|  |
| --- |
| ***CERTIFICATION OF PROPOSED TRANSFEREE*** |
| *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 Transferee: | 2. Date: |
| 3. Printed Name of Transferee: (If authorized representative, attach authorization): |
| 4. **ATTEST** (Signature of Notary Public):  | 6. Affix Notary Stamp or Seal Here: |
| 5. Commission Expires: |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting for this collection of information is estimated to average 2.5 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*.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Instructions****Application For Transfer (Lease)****Between Individual Fishing Quota(IFQ) and Guided Angler Fish (GAF)** |

**GENERAL INFORMATION**

This application form is for use in transferring 2C or 3A commercial individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for areas 2C or 3A. This form should also be used to return unused GAF to the IFQ permitholder from which it was obtained. **Note: Voluntary returns of unused GAF to the IFQ Permit Holder will only be processed during the month of August. NMFS will not transfer IFQ to GAF after November 1st and will return all unharvested GAF to the IFQ permitholder on or about November 1st each year.**

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).
* Neither party to the transfer has any outstanding fines, civil penalties or other payments due and owning, or outstanding permit sanctions.
* 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).
* Payment of all outstanding fees to NMFS

**Note: The IFQ permit holder is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. Unused GAF will returned to the IFQ permit holder from which they were obtained; no fees will be assessed for any unused GAF unless it is harvested by the IFQ permit holder prior to the close of the current fishing year. 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.

 ♦ 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: **Alaska Region, NOAA Fisheries (NMFS)**

 **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 by courier to: **NOAA Fisheries**

 **Alaska Region (NMFS/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 name of the person who intends to transfer the annual IFQ.

 2. Enter transferor’s NMFS Person ID.

 3. Enter the transferor’s permanent business mailing address.

 4. Enter the transferor’s temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5 - 7. Enter the transferor’s business telephone number, business fax number, and e-mail address.

 8. Indicate whether transferor has paid all fees, as required by § 679.45.

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

 1. Enter the full name of the person who intends to transfer the annual IFQ.

 2. Enter transferor’s NMFS Person ID.

 3. Enter the transferor’s permanent business mailing address.

 4. Enter the transferor’s temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).

5 – 7. Enter the transferor’s business telephone number, business fax number, and e-mail address.

 8. Indicate whether transferor has paid all fees, as required by § 679.45.

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

* Enter the IFQ permit number of the 2C or 3A halibut 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 Permitholder
* Enter the number of GAF requested in this transfer, expressed as number of fish not pounds of fish.

**Note: The number of GAF requested will be deducted from or added to the annual IFQ permit in round weight equivalent pounds. See annual conversation table to determine the number of pounds that will be added or subtracted from the annual IFQ permit. The conversion rate cannot be challenged.**

**BLOCKS DAND E – CERTIFICATION OF TRANSFEROR AND TRANSFEREE**

Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be attached.