

<p><b>Groundfish/Halibut CDQ and Prohibited Species Quota (PSQ) Transfer Request</b></p>	NOAA/National Marine Fisheries Service Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 Fax: 907-586-7131 Telephone: 907-586-7228
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This form should be completed and signed by a representative from each CDQ group proposing to transfer annual amounts of: groundfish and halibut CDQ and Prohibited Species Quota (PSQ) except Bering Sea Chinook salmon.

**DO NOT USE THIS FORM TO TRANSFER BERING SEA CHINOOK SALMON PSC.**

<b>BLOCK A – TRANSFERRING CDQ GROUP INFORMATION</b>			
1. Group Name or Initials:		2. Group Number:	
3. Business Telephone Number:	4. Business Fax Number:	5. Business e-mail Address (if available):	
6. Representative’s Name:		7. Representative’s Signature:	

<b>BLOCK B - RECEIVING CDQ GROUP INFORMATION</b>			
1. Group Name or Initials:		2. Group Number:	
3. Business Telephone Number:	4. Business Fax Number:	5. Business e-mail Address (if available):	
6. Representative’s Name:		7. Representative’s Signature:	

<b>BLOCK C - CDQ AMOUNT TRANSFERRED</b>							
Species or Species Category	Area	Amount		Species or Species Category	Area	Amount	
		Groundfish (nearest 0.001 mt)	Halibut (lb net weight)			Groundfish (nearest 0.001 mt)	Halibut (lb net weight)

<b>BLOCK D - PSQ AMOUNT TRANSFERRED</b>					
<b>NOTE: Do not record Bering Sea Chinook Salmon PSC</b>					
Species or Species Category	Crab Zone	Amount (Number of Animals)	Species or Species Category	Crab Zone	Amount (Number of Animals)

**BLOCK E - TRANSFER YEAR**

Specify the year to which this transfer applies:	
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**BLOCK F – CERTIFICATION OF TRANSFEROR**

*Under penalty of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information I have presented here is true, correct, and complete.*

1. Signature	2. Date
3. Printed Name	4. Title if Authorized Representative

**BLOCK G – CERTIFICATION OF TRANSFEREE**

*Under penalty of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information I have presented here is true, correct, and complete.*

1. Signature	2. Date
3. Printed Name	4. Title if Authorized Representative

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing 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 NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the 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 the commercial fishing effort of the CDQ program in the BSAI 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. It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions

**GROUND FISH/HALIBUT CDQ AND PROHIBITED SPECIES QUOTA (PSQ)  
TRANSFER REQUEST**

**DO NOT USE THIS FORM TO TRANSFER BERING SEA CHINOOK SALMON PSC**

**To transfer Bering Sea Chinook Salmon PSC, use the Application for Transfer of Bering Sea Chinook Salmon PSC Allocations.**

A Western Alaska Community Development Quota (CDQ) group may request to transfer all or part of its annual groundfish and halibut CDQ or Prohibited Species Quota (PSQ) for Aleutian Islands Chinook salmon, non-Chinook salmon, Pacific Halibut, and Bering Sea crab. Once approved, a CDQ or PSQ transfer is effective for the year for which the transfer is requested.

Certification

**Non-electronic submittal** -- Transferor's and Transferee's designated representative must sign and date the application certifying that all information is true, correct, and complete.

**Electronic submittal** [available mid-year 2014] -- Transferor's and Transferee's designated representative must log into the system and create a transfer request as indicated on the computer screen. By using the transferor's NMFS ID, password, and Transfer Key and submitting the transfer request, the designated representative certifies that all information is true, correct, and complete

Type or print legibly in ink; retain a copy of completed application for your records.

NMFS will review the transferor's catch account during a transfer request to ensure sufficient CDQ or PSQ is available to transfer. NMFS will notify the transferor and transferee when the application is received and approved. A transfer of CDQ or PSQ is not effective until approved by NMFS.

When complete, submit

Online: <http://alaskafisheries.noaa.gov>  
[available mid-year 2014]

Electronically: [SF\\_Division@noaa.gov](mailto:SF_Division@noaa.gov)

Mail: **NMFS Alaska Region  
Sustainable Fisheries Division  
P.O. Box 21668  
Juneau, AK 99802-1668**

Or fax: **907-586-7131**

If you need additional information regarding transfers of groundfish and halibut CDQ and PSQ, contact Sustainable Fisheries Division at 907-586-7228.

Also, regulations at 50 CFR part 679, Subpart C, are available at NMFS Alaska Region web site at <http://www.alaskafisheries.noaa.gov/regs/default.htm>.

## COMPLETING THE APPLICATION

Enter the following information for each transfer.

### **BLOCK A -- TRANSFERRING CDQ GROUP INFORMATION (TRANSFEROR)**

1. Name or initials of transferring CDQ group
2. CDQ group number
- 3-5. Business telephone number, business fax number, and business e-mail address
- 6-7. Printed name and signature of transferring CDQ representative

### **BLOCK B -- RECEIVING CDQ GROUP INFORMATION (TRANSFeree)**

1. Name or initials of receiving CDQ group
2. CDQ group number
- 3-5. Business telephone number, business fax number, and business e-mail address
- 6-7. Printed name and signature of receiving CDQ representative

### **BLOCK C -- CDQ AMOUNT TRANSFERRED**

1. Species or Species Category. For each species for which a transfer is being requested, enter the species name or species category.
2. Area. Enter the particular management area associated with a species category, such as Eastern Aleutian Islands (EAI), if applicable.
3. Amount. Specify the amount being transferred.  
For groundfish, specify transfer amounts to the nearest 0.001 metric tons.  
For halibut CDQ, specify the amount in pounds (net weight).

### **BLOCK D -- PSQ AMOUNT TRANSFERRED (DO NOT RECORD BERING SEA CHINOOK SALMON PSC ON THIS FORM)**

1. Species or Species Category. For each PSQ species for which a transfer is being requested, enter the species name or species category.
2. Crab Zone. For crab only, designate the appropriate zone for each PSQ being transferred (e.g. Zone 2), if applicable.
3. Amount. Specify the amount of crab and salmon being transferred; specify transfer amounts in numbers of animals.

### **BLOCK E -- TRANSFER YEAR**

Specify which year's CDQ or PSQ is requested to be transferred.

### **BLOCK F -- CERTIFICATION OF TRANSFEROR**

Printed name and signature of Transferor's authorized representative and date signed  
Attach authorization

**BLOCK G -- CERTIFICATION OF TRANSFEREE**

Printed name and signature of Transferee's authorized representative and date signed  
Attach authorization