


<b>CHARTER HALIBUT LIMITED ACCESS PROGRAM</b>	<b>APPLICATION FOR MILITARY CHARTER HALIBUT PERMIT</b>	U.S. Department of Commerce/NOAA NMFS, 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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<b>BLOCK A – MILITARY CHARTER HALIBUT PERMIT</b>	
Enter the Branch of the United States Armed Services you represent:	
<b>Attach official documentation from the Branch of Service you represent to verify the authority to apply for the Military Charter Halibut permits.</b>	

<b>BLOCK B –APPLICANT INFORMATION</b>		
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:

<b>BLOCK C – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST</b>	
List the number of Military Charter Halibut Permits you are requesting for each area:	for 2C <hr/> for 3A

<b>BLOCK D – MILITARY APPLICANT SIGNATURE</b>	
<i>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. NOTE: Individual signing this application is required to provide documentation of his/her authority to apply on behalf of the Applicant.</i>	
Signature of Applicant:	Date:
Printed Name of individual completing this application on behalf of Branch of Military Service	Rank in Service of individual completing this application on behalf of Branch of Military Service

<b>Instructions</b> <b>MILITARY CHARTER HALIBUT PERMIT</b>
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**GENERAL INFORMATION**

Applications are available from 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:	<b>NMFS Alaska Region Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668</b>
By fax to:	<b>907-586-7354</b>
Deliver to:	<b>709 West 9th Street Suite 713 Juneau, Alaska 99801</b>

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—MILITARY CHARTER HALIBUT PERMIT**

NMFS will issue a military charter halibut permit without an angler endorsement to an applicant provided that the applicant is a representative of the Morale, Welfare and Recreation Program of the United States Armed Services. A military charter halibut permit is non-transferable and may be used only in the regulatory area (2C or 3A) designated on the permit.

Enter the Branch of the United States Armed Services you represent

**Attach** official documentation from the Branch of Service you represent to verify the authority to apply for the Military Charter Halibut permit.

**BLOCK B –APPLICANT INFORMATION**

- 1. Name of applicant
- 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 – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST**

List the number of Military Charter Halibut Permits you are requesting for each area, 2C and 3A.

**BLOCK D – MILITARY APPLICANT SIGNATURE**

Enter printed name, rank in service, and signature and date signed.  
Attach official authorization from the branch of Military Service

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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.

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