



**Application for
CQE To Transfer IFQ
To An
Eligible Community Resident
Or Non-Resident**

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668
(800) 304-4846 toll free / 586-7202 in Juneau
(907) 586-7354 fax



This transfer form is only used if a Community Quota Entity (CQE) is the transferor (seller) of the Individual Fishing Quota (IFQ); if not, a different form must be used.
The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name:		2. NMFS Person ID:
3. Name of Community represented by the CQE:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone No.:	6. Business Fax No:	7. E-mail address (if available):

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name:		2. NMFS Person ID:
3. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail Address (if available):

BLOCK C -- TRANSFER (LEASE) OF IFQ
(Pertains only to transfers from CQEs to qualifying community members)

1. Identification of IFQ to be transferred: Permit Number: _____ Year: 20____.	
Permit Number: _____ Year: 20____.	
2. Community to which IFQ are currently assigned:	
3. Are you a resident of the Aleutian Islands? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO , enter city and state in which you reside.	
NOTE: You must be a resident of the community represented by the CQE unless that community is Adak.	
4. City:	5. State:

BLOCK D – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Give the price per pound of IFQ <div style="text-align: center;">\$ _____ /Pounds of IFQ <i>(Price divided by IFQ pounds) including fees</i></div>
2. Is there a broker being used for this transaction? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , how much is being paid in brokerage fees? \$ _____ or _____ % of total price.

BLOCK E -- 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 or authorized representative:	2. Date:
3. Printed name of transferor or authorized representative <i>(If an authorized representative, attach authorization):</i>	
4. ATTEST (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK F -- CERTIFICATION OF RESIDENT 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. Also, I further swear, or affirm, that I am a permanent resident of the community (listed in **Block A**) on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.

1. Signature of resident transferee or authorized representative:	2. Date:
3. Printed name of transferee or authorized representative <i>(If an authorized representative, attach authorization)</i> :	
4. ATTEST (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

BLOCK G -- CERTIFICATION OF NON-RESIDENT TRANSFEREE
(applicable to IFQ transferred from Adak CQE only)

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. Also, I further swear, or affirm, that I am a non-resident of the community (listed in **Block A**) on whose behalf the CQE is proposing to transfer the IFQ.

1. Signature of resident transferee or authorized representative:	2. Date:
3. Printed name of resident transferee or authorized representative <i>(If an authorized representative, attach authorization)</i> :	
4. ATTEST (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

Instructions

Application for CQE To Transfer IFQ
To An
Eligible Community Resident Or Non-Resident

This transfer form is only used if a Community Quota Entity (CQE) is the proposed transferor (“seller”) of the Individual Fishing Quota (IFQ); if not, a different form must be used.

The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

GENERAL INFORMATION

The halibut and sablefish IFQ Program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all IFQ must be approved, in advance, by RAM.

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska and the Aleutian Islands to hold, and to fish, QS and IFQ. Such communities are represented by Community Quota Entities (CQEs), who must use this application to provide for transfers of IFQ to ~~and from~~ an eligible community resident or non-resident.

Some general rules pertain, as follows:

- Please submit a separate application for each proposed IFQ transfer.
- Please complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.
- Please submit an original application only -- a photocopy of an application, or an application submitted by facsimile will not be processed.
- RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).
- An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative’s authority to do so is provided

When completed, submit the original application

By mail to: **Alaska Region, National Marine Fisheries Service
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668**

or deliver to: **Room 713, Federal Building
709 West 9th Street**

Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press "2")

Telephone (Juneau): 907-586-7202

E-Mail Address: RAM.Alaska@noaa.gov

Web Site: www.alaskafisheries.noaa.gov/ram

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name of the CQE proposing to transfer the IFQ; this should be the party's full name as it appears on the QS Holder Summary Report or the Transfer Eligibility Certificate (TEC).
2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)
3. Enter the name of community represented by the CQE.
4. Business mailing address. Indicate whether permanent or temporary address.
If permanent address, include street or P.O. Box, city, state, and zip code.
If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.
- 5-7. Enter business telephone number, business fax number, and e-mail address (if available).

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name of the party proposing to receive the transfer of IFQ.
2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)
3. Business mailing address. Indicate whether permanent or temporary address.
If permanent address, include street or P.O. Box, city, state, and zip code.
If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.
- 4-6. Enter business telephone number, business fax number, and e-mail address (if available).

BLOCK C -- TRANSFER (LEASE) OF IFQ

This block must be completed by the CQE applying to transfer IFQ to a permanent resident of the community on whose behalf the CQE holds the IFQ. Note: in the case of the city of Adak, the transferee does not need to be a community resident for the first five years of the program.

1. Identify the IFQ to be transferred by entering the IFQ Permit Number(s) and Year
2. Enter the name of the community to which IFQ are currently assigned.
3. Indicate if you are a resident of the Aleutian Islands.
If NO, enter city and state in which you reside.
NOTE: You must be a resident of the community represented by the CQE unless that community is Adak.

BLOCK D – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Provide the price per pound of IFQ.
2. Indicate whether a broker is used for this transaction.
If YES, indicate amount paid in brokerage fees or percentage of total price.

BLOCK E – CERTIFICATION OF TRANSFEROR

Enter printed name and signature of Transferor and date signed. If completed by an authorized representative, **attach** authorization.

Signature, commission expiration date, and stamp of notary public

BLOCK F -- CERTIFICATION OF RESIDENT TRANSFEE

Enter printed name and signature of Transferee and date signed. If completed by an authorized representative, **attach** authorization

Signature, commission expiration date, and stamp of notary public

BLOCK G -- CERTIFICATION OF NON-RESIDENT TRANSFEE

Enter printed name and signature of Transferee and date signed. If completed by an authorized representative, **attach** authorization.

Signature, commission expiration date, and stamp of notary public

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 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.*); 3) The information collected is 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.
