
	<h2 style="margin: 0;">APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ</h2>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>
		

Those persons applying to receive Quota Share (QS) or Individual Fishing Quota (IFQ) by transfer must submit this application to the Regional Administrator, to obtain a Transfer Eligibility Certificate (TEC).

BLOCK A - APPLICANT INFORMATION		
1. Name (full name, including middle initial):	2. NMFS Person ID:	
	3. Taxpayer ID Number (Employer ID No. or SSN):	
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address (if available):
<p>NOTE: The Applicant must be a U.S. citizen or U.S. corporation, partnership, or other non-individual business entity to receive QS/IFQ by transfer.</p> <p>8. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of birth _____</p> <p>9. Are you a U.S. corporation, partnership, association or other non-individual business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of incorporation _____</p> <p>10. Are you a resident of Adak, Alaska? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date residency began _____</p>		

BLOCK B-- FREEZER SHARES

Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?

YES []

NO []

IF YES, and you are a corporation, partnership, association, or other non-individual entity, please complete and **attach** a QS Holder: Identification of Ownership Interest form.

Note: You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.

BLOCK C – COMMERCIAL FISHING EXPERIENCE
(Duplicate this section or attach a separate sheet of paper , if necessary, to display all of the applicant's commercial fishing experience)

1. Species (one per block):	2. Gear:	3. Location:
4. Date From (MM / YY):	5. Date To (MM / YY):	
6. Number of Actual Days Spent Harvesting Fish:		
7. Duties Performed While Directly Involved in the Harvesting of Fish (Be Specific):		
8. Vessel Name:	9. ADF&G or USCG Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name (person other than yourself):	13. Reference's Relationship to You:	
	14. Reference's Business Telephone Number:	
15. Reference's Business Mailing Address:		

BLOCK C – COMMERCIAL FISHING EXPERIENCE (Continued)
*(Duplicate this section or attach a separate sheet of paper , if necessary,
to display all of the applicant’s commercial fishing experience)*

1. Species (<i>one per block</i>):	2. Gear:	3. Location:
4. Date From (<i>MM / YY</i>):		5. Date To (<i>MM / YY</i>):
6. Number of Actual Days Spent Harvesting Fish:		
7. Duties Performed While Directly Involved in the Harvesting of Fish (<i>Be Specific</i>):		
8. Vessel Name:	9. ADF&G or USCG Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name (<i>person other than yourself</i>):	13. Reference's Relationship to You:	
	14. Reference's Business Telephone Number:	
15. Reference's Business Mailing Address:		

BLOCK D - NOTARY CERTIFICATION

The applicant or authorized representative of the applicant: by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative):		2. Date:	
3. Printed Name of Applicant (<i>If completed by a representative, attach authorization</i>):			
4. Notary Public Signature:		6. Affix Notary Stamp or Seal Here:	
5. Commission Expires:			
ATTEST			

This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per response, including 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 to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, 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) 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 ELIGIBILITY TO RECEIVE QS/IFQ

Applicant must be a U.S. citizen or U.S. corporation, partnership, or other non-individual business entity to receive QS/IFQ by transfer.

Quota Share (QS) was initially issued to persons who owned or leased vessels that made legal commercial fixed-gear landings of Pacific halibut or sablefish during 1988-1990 off Alaska. The application period for QS ended on July 15, 1994. Once issued to a person by NMFS, QS is held by that person until it is transferred, suspended, or revoked. Currently, QS may only be obtained through transfer. QS is transferable to other initial issues or to those who have become transfer-eligible through obtaining NMFS' approval.

Those persons applying to receive QS or Individual Fishing Quota (IFQ) by transfer must submit to the Regional Administrator this **Application for Eligibility to Receive QS/IFQ** to obtain a Transfer Eligibility Certificate (TEC).

If participant is a U.S. corporation, partnership, association or other non-individual business entity, **he or she** must complete and submit a **Quota Share Holder: Identification of Ownership** form. Download this form from NMFS **Alaska Region website** at <http://alaskafisheries.noaa.gov>, or call RAM and request the form be mailed or faxed to you.

Except for residents of Adak, Alaska, to be eligible, persons must have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery. Work in support of harvesting but not directly related to it is not considered harvesting crew work. **An eligible community resident of Adak receiving IFQ derived from QS held by an Aleutian Islands CQE is not required to meet the 150-day criteria for purposes of receiving IFQ from an Aleutian Islands CQE.**

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

Please allow at least 10 working days for your application to be processed.

An application may be submitted to NMFS by mail or delivery. Fax submittal is not acceptable due to the Notary requirements. 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).

When completed, submit the original application

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

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

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. 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 APPLICATION

BLOCK A - APPLICANT INFORMATION

1. Name. Full name, including middle initial, as it should appear on the Transfer Eligibility Certificate.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Taxpayer ID Number:
If an individual, enter social security number (SSN).
If a corporation, partnership, association or other non-individual business entity, enter employer identification number.
4. Indicate whether permanent or temporary address.
Permanent: Permanent business mailing address, including street or P.O. Box, city, state, and zip code.
Temporary: Enter the address including street or P.O. Box, city, state, and zip code, if you want the TEC documentation sent somewhere other than your permanent address.
- 5-7. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)
8. Indicate whether you are a U.S. citizen. **If YES**, enter Date of Birth
9. Indicate whether you are a U.S. corporation, partnership, association or other non-individual business entity. **If YES**, enter Date of Incorporation. **Attach** a Quota Share Holder: Identification of Ownership form.
10. **Indicate whether you are a resident of Adak, Alaska.**
If YES, enter date residency began.

BLOCK B - FREEZER SHARES

Indicate whether this TEC is intended for an entity that wishes to buy or lease Category A Quota Shares ONLY.

If YES, and you are a U.S. corporation, partnership, association or other non-individual entity, please complete and **attach** a **Quota Share Holder: Identification of Ownership** form.

Note: You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.

BLOCK C - COMMERCIAL FISHING EXPERIENCE

(copy this section if necessary to display all of the applicant's commercial fishing experience)

1. Species: Enter any targeted species in a U.S. commercial fishery (*enter only one fishery per block*).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date (*including month and year*) of fishing experience.
5. Date To: Enter ending date (*including month and year*) of fishing experience.
6. Number of Actual Days Spent Harvesting Fish during the claimed period in questions 4 and 5.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.

8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or USCG Number: Enter the State of Alaska, Department of Fish & Game (ADF&G) vessel registration number or the U.S. Coast Guard (USCG) documentation number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (*may be yourself*) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (*other than yourself*) who is able to verify the above experience.
13. Reference's Relationship to You: Enter your reference's relationship to you.
14. Reference's Business Telephone Number, including the area code.
15. Reference's Business Mailing Address, including street or P.O. Box number, city, state, and zip code.

BLOCK D - NOTARY CERTIFICATION

Enter printed name and signature of applicant or authorized representative and date the application. Signature certifies that all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. If completed by authorized representative, **attach** authorization.

Enter Notary Public signature, date commission expires, and Notary Stamp or Seal