January 27, 2021

Dear permit holder,

Please use this form to complete a trap transfer request. Both buyer and seller must agree to the information filled out on this form and indicate so by signing the form. This form is to be used for trap transfers where the seller retains his or her permit, but sells some or all of his trap allocation. For transfers involving permit and all traps (complete lobster business transfer), please contact the permit office at [insert phone number] to obtain the appropriate paperwork.

Please fill in all fields by following the application instructions. A sample form can be found on page 4 of this application packet.

| Seller's Permit Information | | | Buyer's Permit | Information | |
|--|---|----------|-----------------|-------------|--|
| Name: | | | Name: | | |
| Permit Number: | | <u> </u> | Permit Number | ·: | |
| F/V: | ' | Buy | F/V: | · | |
| State License Number: | _ | | State License N | umber: | |
| State of Issuance: | | | State of Issuan | ce: | |
| | | | | | |
| Area designated on traps that are being transferred | | | | | |
| Initial Allocation | | | | | |
| Allocation at time of transfer Currently, what is your trap allocation? | | (A) | | (A) | |
| Number of traps intended for fishing How many traps does the buyer intend to fish? | | (B) | | (B) | |

Expiration Date: xx/xx/20xx

Lobster Trap Transfer Request Form

| Conservation Tax | (C) | (C) |
|---|---------------------|----------------------------|
| A 10% conservation tax is applied to each transfer | 10 | N/A |
| Conservation Tax Multiplier Remains the same for all trap transfers | (D) 0.9 | (D) N/A |
| Number of traps being transferred including the conservation tax A 10% conservation tax is applied to each transfer. | (E) B x D | (E) Same value as B |
| Final Allocation | (F) A – E | (F) A + E |

Please mail the trap transfer request form to:

Trap Transfer Request
Northeast Region Permit Office
NMFS
55 Great Republic Drive
Gloucester, MA 01930

You may also submit your trap transfer request form by faxing it to **978-281-9135** or by emailing the request form to **[provide email address].**

Please allow 8-10 weeks for the transfer to be finalized and reflected in your individual trap allocation. This transfer will be effective on [insert date] for the [insert next fishing year] fishing year.

Lobster Trap Transfer Request Form 2013

Applicant's Name and Signature:

We, the undersigned, agree that the information provided in this form is accurate to the best of our knowledge, and authorize National Marine Fisheries Service (NMFS) to verify the information and proceed with the trap transfer request. If any errors are made, we understand that a new form would need to be submitted. We authorize NMFS to share this information with the relevant state fisheries agencies to ensure consistency with state and Federal trap allocations. By signing this application, we are applying for a trap transfer for the current fishing year. Print Name of **Seller**: Signature of **Seller**: ______ Date:_____ Print Name of **Buyer**:

Signature of **Buyer**: _____ Date:_____

Public reporting burden for this collection of information is estimated to average 10 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 suggestions for reducing this burden to John K. Bullard, Regional Administrator, Northeast Region, NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2298.

All data will be kept confidential as required by NOAA Administrative Order 216-100, Confidentiality of Fisheries Statistics; however, final eligibility determinations and trap allocations may be made available to the public, consistent with current practices relative to NMFS permit data. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

Sample Trap Transfer Request form

Please fill in all fields by following the application instructions, a sample form can be found on page 2.

| Seller's Permit Information | Buyer's Permit | Information | |
|---|-------------------|---------------|--|
| Name: _Joe Jones | B Name:Cha | rles Simmons | |
| Permit Number:152111 | Permit Number | :152123 | |
| F/V:Captain Joe | F/V:Good Lu | F/V:Good Luck | |
| State License Number:ME1441A | State License N | umber:ME2332 | |
| State of Issuance:Maine | - 1 | e:Maine | |
| | | | |
| | | | |
| Area designated on traps that are being transferred | 1D Area 2 D F | Area 2 | |
| are being transferred | VIP LL IXL | QUL311 | |
| | | | |
| Initial Allocation | 800 | 500 | |
| | | | |
| | | | |
| | | | |
| Allocation at time of transfer Currently, what is your trap | (A) 800 | (A) 500 | |
| allocation? | 800 | 300 | |
| | | | |
| Number of traps intended for | (B) | (B) | |
| fishing | 200 | 200 | |
| How many traps does the buyer | | | |
| intend to fish? | | | |
| Conservation Tax | (C) | (C) | |
| A 10% conservation tax is | 10% | N/A | |
| applied to each transfer | | | |

| Conservation Tax Multiplier Remains the same for all trap transfers | (D) 0.9 | (D) N/A |
|---|-----------------------------|--------------------------------|
| Number of traps being transferred including the conservation tax | (E) B x D 200x0.9=180 | (E) Same value as B 180 |
| Final Allocation | (F) A - E 800-180=620 | (F) A + E 500+180=680 |

Please mail the trap transfer request form to:

Trap Transfer Request
Northeast Region Permit Office
NMFS
55 Great Republic Drive
Gloucester, MA 01930

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Please allow 8-10 weeks for the transfer to be finalized and reflected in your individual trap allocation.

Applicant's Name and Signature:

Date:

We, the undersigned, agree that the information provided in this form is accurate to the best of our knowledge, and authorize National Marine Fisheries Service (NMFS) to verify the information and proceed with the trap transfer request. If any errors are made, we understand that a new form would need to be submitted. By signing this application, we are applying for a trap transfer for the current fishing year.

Print Name of Seller: ______Joe Jones_______

Signature of Seller: ____JOE JONES ______ Date: ___5/15/13 _____

Print Name of Buyer: ____Charles Simmons ______

Public reporting burden for this collection of information is estimated to average 10 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 suggestions for reducing this burden to John K. Bullard, Regional Administrator, Northeast Region, NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2298.

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