


<p align="center">BSAI CRAB RATIONALIZATION PROGRAM QUOTA SHARE (QS) BENEFICIARY DESIGNATION FORM</p>	<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> 
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Individuals that hold Quota share (QS) in the BSAI Crab Rationalization Program may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.

If the QS holder does not have a surviving spouse, he/she may name **an immediate family member** to be the beneficiary. NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, unless a contrary intent is expressed by the decedent in a Will and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer of individual fishing quota (IFQ) only (lease) resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

BSAI Crab QS/IFQ can only be held by a U.S. citizen.

<i>BLOCK A - IDENTIFICATION OF QS HOLDER</i>		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:
<i>BLOCK B - IDENTIFICATION OF BENEFICIARY</i>		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK C - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Is the beneficiary named on this form the spouse of the QS holder?

YES [] NO []

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

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

Signature of QS Holder:

Date:

Printed Name of QS Holder (*Note: If completed by an authorized representative, attach authorization*):

Notary Public:

ATTEST

Affix Notary Stamp or Seal Here:

Commission Expires:

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 the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, 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

**BSAI CRAB RATIONALIZATION PROGRAM QUOTA SHARE (QS)
BENEFICIARY DESIGNATION FORM**

50 CFR 680.41(g) provides that individuals who hold BSAI Crab Quota Share (QS) may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.

NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, unless a contrary intent is expressed by the decedent in a Will and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer of individual fishing quota (IFQ) only (lease) resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

BSAI Crab QS/IFQ can only be held by a U.S. citizen.

GENERAL INFORMATION

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).

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 – IDENTIFICATION OF QS HOLDER

1. Enter name of QS holder
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK B – IDENTIFICATION OF BENEFICIARY

1. Enter name of beneficiary.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK C -- RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Indicate if the beneficiary named on this form is the spouse of the QS holder.

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

The QS Holder must enter printed name, signature, and date signed. Signature indicates that the information presented is true, correct, and complete.

The Notary Public must enter name, date commission expires, and apply Notary Public stamp or seal.