Revised: 05/10/2013 OMB Control No. 0648-0393 Expiration Date: 08/31/2013

**BLOCK A – IDENTIFICATION OF TRANSFEROR** 



# APPLICATION FOR TRANSFER OF BERING SEA CHINOOK SALMON PSC ALLOCATIONS

U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Sustainable Fisheries Division P.O. Box 21668

Juneau, AK 99802-1668



Fax: 907-586-7131 Telephone: 907-586-7228

This application for Transfer of Bering Sea Chinook Salmon PSC Allocations must be received by NMFS

A SEASON: by June 25
B SEASON: by December 1

1.	1. Name of Transferor:					2. NMFS Person ID:	
3.	Permanent Business Mailing	s:	4. Temporary Business Mailing Address (if applicable):				
5.	Business Telephone Number:  6. Business Fax			Number:	7. Business E-mail Address:		
BLOCK B – IDENTIFICATION OF TRANSFEREE							
1.	Name of Transferee:			2. NMFS Person ID:			
<ul> <li>3. Permanent Business Mailing Address:</li> <li>5. Business Telephone Number:</li> <li>6. Business Fax</li> </ul>				4. Temporary Business Mailing Address (if applicable):  Number: 7. Business E-mail Address:			
BLOCK C – CHINOOK SALMON PSC AMOUNT TRANSFERRED  Check either A Season or B Season for each entry							
	Date of Transfer		nber of Chinook Salmon	A Season [	]	B Season [ ]	

#### Instructions

# APPLICATION FOR TRANSFER OF CHINOOK SALMON PSC ALLOCATIONS

NMFS will issue Bering Sea Chinook salmon prohibited species catch (PSC) allocations to the catcher/processor sector entity, the mothership sector entity, inshore cooperatives, and CDQ groups. NMFS will issue separate PSC allocations for the A season and the B season. PSC remaining from the A season could be used in the B season ("rollover").

The entity receiving a transferable Chinook salmon PSC allocation from NMFS is authorized to transfer all or a portion of the entity's salmon PSC allocation to another entity or receive a transfer from another entity (authorized to sign transfer request forms), and be responsible for any penalties assessed for exceeding the entity's salmon PSC allocation.

Transfers are a voluntary request to NMFS, initiated by the entity transferring surplus Chinook salmon allocations, to move a specific amount of a Chinook salmon PSC allocation from one entity's account to another entity's account. NMFS will review the transferor's catch account to ensure sufficient salmon is available to transfer. If enough Chinook salmon are in the account, NMFS will make that transfer effective immediately. Transfers to eligible entities may occur at any time in a season but transfers cannot be made between the B and A seasons. Entities may receive transfers of PSC to cover overages ("post-delivery transfers").

Requests for transfers may be submitted to NMFS either electronically or non-electronically through a form available on the NMFS Alaska Region website (<a href="http://alaskafisheries.noaa.gov">http://alaskafisheries.noaa.gov</a>).

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

When complete

Mail application to: NMFS Alaska Region

**Sustainable Fisheries Division** 

P.O. Box 21668

Juneau, AK 99802-1668

Or fax to: **907-586-7131** 

Or submit online to <a href="http://alaskafisheries.noaa.gov">http://alaskafisheries.noaa.gov</a>

If you need additional information regarding transfers of PSC, contact Sustainable Fisheries Division at 907-586-7228. Also, regulations at 50 CFR part 679, Subpart C, are available at NMFS Alaska Region web site at <a href="http://alaskafisheries.noaa.gov">http://alaskafisheries.noaa.gov</a>.

## **COMPLETING THE APPLICATION**

Enter the following information for each transfer.

### **BLOCK A – IDENTIFICATION OF TRANSFEROR**

- 1. Name of Transferor
- 2. NMFS Person ID
- 3. Permanent Business Mailing Address
- 4. Temporary Business Mailing Address (if applicable)
- 5. Business Telephone No.
- 6. Business Fax No.
- 7. Business E-mail address

#### **BLOCK B – IDENTIFICATION OF TRANSFEREE**

- 1. Name of Transferee
- 2. NMFS Person ID
- 3. Permanent Business Mailing Address
- 4. Temporary Business Mailing Address (if applicable):
- 5. Business Telephone No.
- 6. Business Fax No.
- 7. Business E-mail address:

# BLOCK C - CHINOOK PSC AMOUNT TRANSFERRED

- 1. Date of transfer
- 2. Number of Chinook Salmon
- 3. Indicate whether A Season or B Season

#### PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 15 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 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, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) as amended in 2006; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.