

**Application for  
Inter-Cooperative Transfer of  
Rockfish Cooperative Quota (CQ)**

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 / (907) 586-7202 in Juneau  
(907) 586-7354 fax



Application must be submitted online at: <https://alaskafisheries.noaa.gov/webapps/efish/login>

**BLOCK A -- IDENTIFICATION OF TRANSFEROR**

Applicant must be a U.S. corporation, partnership, association, or other non-individual business entity.

1. Name of Rockfish Transferor		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone No.	7. Business fax No.	8. E-mail address

**BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR**

1. Name of Transferor's Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone number	7. Business Fax number	8. E-mail address

**BLOCK C -- IDENTIFICATION OF TRANSFEREE**

1. Name of Rockfish Transferee		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone No.	7. Business fax No.	8. E-mail address

**BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR**

1. Name of Transferee's Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone number	7. Business Fax number	8. E-mail address

**BLOCK E<sup>1</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ)  
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)  
(To Be Completed By Transferor)**

Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred. Distribute the CQ identified in Block E<sup>1</sup> to cooperative members in Block E<sup>2</sup>.

**Duplicate this page** as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)	Species to be Transferred	Amount (in mt)

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)  
(To Be Completed By Transferee)**

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

**BLOCK F<sup>1</sup> -- CERTIFICATION OF TRANSFEROR**

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

1. Signature of Transferor's Designated Representative

2. Date

3. Printed Name of Transferor's Designated Representative; **attach** authorization

**BLOCK F<sup>2</sup> -- CERTIFICATION OF TRANSFEROR'S PROCESSOR**

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

1. Signature of Eligible Rockfish Processor (associated with Cooperative)

2. Date

3. Printed Name of Eligible Rockfish Processor

**BLOCK G<sup>1</sup> -- CERTIFICATION OF TRANSFEREE**

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

1. Signature of Applicant (or Authorized Representative)

2. Date

3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEREE'S PROCESSOR**

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

1. Signature of Eligible Rockfish Processor (associated with Cooperative)

2. Date

3. Printed Name of Eligible Rockfish Processor

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 10 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, 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) 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 Inter-Cooperative Transfer**  
**Rockfish Fishery**

Application must be submitted online at: <https://alaskafisheries.noaa.gov/webapps/efish/login>

**GENERAL INFORMATION**

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative.

1A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. 1Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

Transfer of an annual catch amount is only valid during the calendar year of the transfer.

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](mailto:RAM.Alaska@noaa.gov)

**COMPLETING THE APPLICATION**

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS.

**BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code  
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

**BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR.**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code  
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

**BLOCK C -- IDENTIFICATION OF TRANSFEREE (SELLER)**

1. Name and NMFS Person ID
2. Name of designated representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code  
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes
7. Business e-mail address

**BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR.**

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code  
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

**BLOCK E<sup>1</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ) TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)**

(To Be Completed By Transferor)

Identify the type of CQ (Primary, Secondary, Halibut PSC), species to be transferred, and amount of transfer (in metric tons) Distribute the CQ identified in Block E<sup>1</sup> to cooperative members in Block E<sup>2</sup>. Duplicate this page as necessary.

**BLOCK E<sup>2</sup> – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)**

(To Be Completed By Transferee)

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). Duplicate this page as necessary.

Enter the name of Qualifying Member, NMFS Person ID, species transferred, and amount of CQ transferred.

**BLOCK F<sup>1</sup> -- CERTIFICATION OF TRANSFEROR**

Enter printed name and signature of transferor, and date signed. If designated representative, **attach** authorization.

**BLOCK F<sup>2</sup> -- CERTIFICATION OF TRANSFEROR'S PROCESSOR**

Enter printed name and signature of transferor's processor, and date signed. If designated representative, **attach** authorization.

**BLOCK G<sup>1</sup> -- CERTIFICATION OF TRANSFEREE**

Enter printed name and signature of transferee, and date signed. If designated representative, **attach** authorization.

**BLOCK G<sup>2</sup> -- CERTIFICATION OF TRANSFEREE'S PROCESSOR**

Enter printed name and signature of transferee's processor, and date signed. If designated representative, **attach** authorization.