## **IFQ DEPARTURE REPORT**

## NOAA Fisheries Office for Enforcement

(This form to be completed *only* by NOAA Office for Enforcement Personnel)

| Date Received                              | Time Received | Intended Date & Time<br>Local Time) of Landin |  | Intended Loc | ration of Landing                 |
|--|---------------|---|--|--------------|-----------------------------------|
| Vessel Name                                |               |   | ADF&G Number                           |              |                                   |
|  |               |   | Registered Buyer Permit Number         |              |                                   |
|  |               |   | Registered Crab Receiver Permit number |              |                                   |
| Vessel Operators Name                      |               |   |  |              |                                   |
| IFQ or CDQ <b>Halibut</b> Permit Number(s) |               | Estimated Total Weight (lb/kg/mt)             |  | t)           | Regulatory Area of Harvest        |
| IFQ Sablefish Permit Number(s)             |               | Estimated Total Weight (lb/kg/mt)             |  | t)           | Regulatory Area of Harvest        |
| CR Crab Permit Number(s)                   |               | Estimated Total Weight (lb/kg/mt)             |  | t)           | Crab Rationalization Fishery Code |
| Additional (optional) In                   | nformation:   |   |  |              |                                   |

## PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time to 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 aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

## ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort 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.