
	<h2 style="margin: 0;">Application For Annual Crab Individual Processing Quota (IPQ) Permit</h2>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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Annual Application Deadline – June 15

Applications received after **June 15** may not be processed and Individual Processing Quota (IPQ) may not be issued to the applicant.

BLOCK A – APPLICANT INFORMATION

1. Name of Applicant:		2. Applicant’s NMFS Person ID:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address (<i>Optional</i>):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:	

BLOCK B – TYPE OF ANNUAL IPQ FOR WHICH APPLICATION IS MADE

Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.

ALL FISHERIES for which applicant holds PQS

Only those fisheries checked below:

BBR BSS EAG EBT WBT

PIK SMB WAG WAI

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST
(to be completed by Applicants who are not individuals (i.e., corporations, partnerships, etc.))

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. If a listed owner is not an individual, provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level.

Name of Owner	% Interest	Name of Owner	% Interest

Duplicate this form as necessary to display all of the Applicant’s owners (and owners of owners)

BLOCK D – APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant:	2. Date:

3. Printed Name of Applicant: **(Note:** If completed by an authorized representative, **attach** authorization.):

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hours per non-electronic response and 1 hour per electronic 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, NMFS, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 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.

Instructions

**APPLICATION FOR ANNUAL CRAB
INDIVIDUAL PROCESSING QUOTA (IPQ) PERMIT**

IPQ permits are issued annually to eligible persons who hold Processing Quota (PQS). These permits authorize their holders to process a specific amount of crab, under the terms and conditions set out on the permit. Individual Processing Quota (IPQ) permits are valid for one year -- the crab year for which they are issued.

Issuance of the correct amount and type of IPQ is entirely dependent on information provided by PQS holders on their annual IPQ applications. The completed application must be received by NMFS **no later than June 15**. An application that is received after **June 15** may not be processed and may not yield annual IPQ.

Submit the completed application:

By mail to: **NMFS Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668**

By delivery to: **Room 713, Federal Building
709 West 9th Street
Juneau, AK 99801**

By fax to: **907-586-7354**

Online to: http://alaskafisheries.noaa.gov/ram/crab/crabipq_transfer.pdf

If you need assistance in completing this application or need additional information, call Restricted Access Management at **(800) 304-4846 (Option 2)** or **(907) 586-7202 (Option 2)**.

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at <http://alaskafisheries.noaa.gov>.

COMPLETING THE APPLICATION

BLOCK A – APPLICANT INFORMATION

1. Provide the Applicant's name.
2. Provide the Applicant's NMFS Person ID.
3. Provide the Applicant's permanent mailing address.
4. Provide the Applicant's temporary mailing address (*if any*); if this information is provided, it will be to this address to which the IPQ permit(s) will be mailed.
- 5-7. Provide the business telephone number, business fax number, and business e-mail address for the Applicant or the Applicant's designated representative.

BLOCK B – TYPE OF ANNUAL QUOTA FOR WHICH APPLICATION IS MADE

Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. Provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level. See example below:

Name of Owner	% Interest
Joe Potpuller	25%
Alice Potpuller	25%
Quotaholder Family Holdings, Inc.	50%
C. Quotaholder	25% (of 50%)
R. Quotaholder	25% (of 50%)
A. Quotaholder	25% (of 50%)
B. Quotaholder	25% (of 50%)

Duplicate this form, or attach a separate sheet of paper if necessary to display all of the Applicant’s owners (*and owners of the Applicant’s owners to the individual level*).

BLOCK D – APPLICANT SIGNATURE

Applicant must print and sign his or her name and enter the date the application was signed. If the application is completed by the Applicant’s authorized representative, **attach** proof of authorization.