

	<p>Application for TRANSFER of CRAB QS or PQS</p>	<p>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 / 586-7202 in Juneau (907) 586-7354 fax</p> 
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Notes:

1. This application to transfer Quota Share (QS) or Processor Quota Share (PQS) will not be processed between **June 15** of any year and the date of issuance of the Individual Fishing Quota (IFQ) or Individual Processor Quota (IPQ) in the Bering Sea or Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application will not be processed or approved unless it is complete. In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document(s) that reveal the contractual terms between the parties.
3. Do not use this application to apply for a transfer of QS or PQS to, or from, an Eligible Crab Community Organization or a Crab Harvesting Cooperative, or to conduct an annual lease of IFQ or IPQ.
4. **Attachment:** a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contraction terms between the parties.

BLOCK A – TYPE OF TRANSFER

1. Indicate the type(s) of Quota for which a transfer is requested:

CPO QS [] CVO QS [] CPC QS [] CVC QS [] PQS []

If applying to receive CVC or CPC QS by transfer, **submit proof** of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of crab QS or PQS.

Proof of this landing is:

 - ◆ Signature of the applicant on an **ADF&G Fish Ticket**; or
 - ◆ An **affidavit** from the vessel owner attesting to that individual’s participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab QS species within the 365 days prior to submission of an Application for transfer of crab QS or PQS.
2. If this is a transfer of PQS, will the PQS be used **within the Eligible Crab Community (ECC)** with which the PQS is currently associated?

YES [] NO [] NOT APPLICABLE []

If YES, indicate the name of the current ECC that has the Right of First Refusal (ROFR)

And **attach an affidavit** stating that the ECC wishes to permanently waive ROFR for the PQS or that the proposed recipient of the PQS has completed a ROFR contract with the eligible crab community organization (ECCO) for the PQS that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).
3. If this is a transfer of PQS, will the PQS be used **outside the ECC** with which the PQS is currently associated

YES [] NO [] NOT APPLICABLE []

If requesting transfer of PQS for use outside an ECC that has designated an entity to represent it in exercise of Right of First Refusal (ROFR) under § 680.41(l), the Regional Administrator will not act upon the application for a period of 10 days. At the end of that time period, the application will be approved pending meeting the criteria set forth in § 680.41(i).

BLOCK B - TRANSFEROR (SELLER)
(The transferor is the person currently holding the QS or PQS)

1. Name:		2. NMFS Person ID:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address:
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address (if available):
8. Has transferor submitted an EDR, if required to do so under § 680.6? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] NOT APPLICABLE [<input type="checkbox"/>]		
9. Has transferor paid all fees, as required by § 680.44? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] NOT APPLICABLE [<input type="checkbox"/>]		

BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)

1. Name:		2. NMFS Person ID:
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address:
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address (if available):
8. Has transferee submitted an EDR, if required to do so under § 680.6? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] NOT APPLICABLE [<input type="checkbox"/>]		

9. Has transferee paid all fees, as required by § 680.44?

YES []

NO []

NOT APPLICABLE []

BLOCK D – ELIGIBILITY OF TRANSFEREE

(Does not pertain to those seeking to receive Processing Quota Share)

Different eligibility standards pertain to a transferee depending on the type of harvesting QS that is being transferred, Please read the Instructions for complete details.

1. Is the transferee applying to receive CVO or CPO QS (with or without IFQ)? YES [] NO []

If YES, is the transferee an eligible recipient of QS or IFQ as explained in the Instructions? YES [] NO* []

2. The transferee is applying to receive CVC or CPC QS (and/or IFQ)? YES [] NO []

If YES, is the transferee an eligible recipient of QS or IFQ as explained in the Instructions? YES [] NO* []

***If NO**, a completed Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer form must be completed, submitted, and approved by NMFS before this Application for Transfer of QS or PQS can be approved.

BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED

If Transfer Application is for more QS or PQS than the space provided on this form allows, **duplicate this page** as necessary to include all intended transfers with one application.

1. Identification of Quota Share or Processor Quota Share (QS/PQS) Quota (from Report of Quota Holdings):

Fishery	*Sector	Region	Beginning Serial Number	Ending Serial Number	Number QS Units
_____	_____	_____	_____	_____	_____

***Note: If transfer of CPO Quota, complete Questions 3 and 4 below**

2. Are any current year IFQ or IPQ Pounds to transfer with the QS or PQS? [] YES [] NO

If YES, complete the following:

Permit Number: _____ Class (A or B): _____ Pounds: _____

3. How is the CPO QS to be designated after the transfer? [] CPO QS Only [] CVO QS and PQS *

***Note: If CPO QS is transferred as both CPO QS and PQS, the resulting ratio of CVO shares to PQS shares will be 1:0.9 (i.e., 1 CVO share to 0.9 PQS shares)**

4. If transferring CPO QS intended to be designated as CVO QS and PQS, indicate the one region as appropriate for the fishery: [] North [] South [] West [] Undesignated

5. What is the total price of the QS or PQS, including all fees and other transaction costs? \$ _____

6. What is the price per Unit of QS or PQS? \$ _____ (Price divided by Units)

BLOCK F₁ – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)

1. Why are you proposing to transfer the Quota (check all reasons that apply)?

- Retirement from fisheries Shares too small to fish Consolidation of shares
 Pursue non-fishing activities Trading shares Health problems
 Enter other fisheries Hardship (please describe) Other (please describe)

Describe "Hardship" or "Other" reason (if applicable):

2. Is a Permit Broker being used for this transaction? YES NO

If YES, how much is being paid in broker fees? \$ _____; or _____% of total price of Quota

BLOCK F₂ -- SURVEY QUESTIONS FOR TRANSFEREE (BUYER)

1. Will the Quota to be transferred under this application be used as collateral for a loan? YES NO

If YES, please identify the party with an interest in the Quota: _____

2. What is your primary source of financing for Quota to be transferred under this application?

- Self – Personal Resources AK – CFAB Gift (no financing)
 Private Bank/Credit Union Transferor/Seller NOAA Fisheries Loan
 AK Division of Investments Processor/Fishing Company Other (describe below)

Explain "Other" source of financing:

3. How was the Quota located (check all sources that apply)?

- Advertisement/Public Notice Direct Notice from Transferor Permit Broker
 Other (explain "Other" Source):

4. What is the relationship, if any, between the Transferor and the Transferee?

- No Relationship Business Partner Family Member Friend or Acquaintance
 Other (explain below)

Describe "Other" Relationship:

BLOCK G – CERTIFICATION OF TRANSFEROR

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 Transferor:

2. Date:

3. Printed Name Transferor (If completed by authorized representative, **attach** authorization):

4. Notary Public Signature:

ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

BLOCK H – CERTIFICATION OF TRANSFeree

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 Transferee:

2. Date:

3. Printed Name Transferee (If completed by authorized representative, **attach** authorization):

4. Notary Public Signature:

ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

Instructions
APPLICATION FOR TRANSFER OF CRAB QS OR PQS

GENERAL INFORMATION

NMFS will approve a request for transfer of crab processor quota share (PQS) or quota share (QS) in that Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery provided the persons are qualified to receive PQS or QS by transfer. However, the Regional Administrator will not approve a transfer of any type of PQS or QS that would cause a person to exceed the maximum amount of PQS or QS allowable under the use limits.

NMFS will process a request for transfer of PQS or QS provided that an application is completed, with all information fields accurately filled in, and all required additional documentation is attached. This Application for the Transfer of Crab QS or PQS will not be processed between **June 15** of any year and the date of issuance of the IFQ or individual processor quota (IPQ).

NOTE: In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contraction terms between the parties.

Do not use this application to apply for a transfer of QS or PQS to, or from, an Eligible Crab Community Organization or to, or from, a Crab Harvesting Cooperative or to conduct an annual lease of IFQ or IPQ.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

◆ Submit a Crab Economic Data Report (EDR).

An CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

e-mail: info@psmfc.org

◆ Payment of all outstanding fees to NMFS.

All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

Please allow up to ten (10) working days for a transfer application to be reviewed, processed, and approved or disapproved; the parties will be notified upon approval of the transfer.

Forms are available through the Internet on the NMFS Alaska Region website at <http://www.alaskafisheries.noaa.gov>.

Applications submitted to RAM must bear the original signatures of the parties -- RAM will not process faxed applications. When complete, submit the application:

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

Or by courier to: **NOAA Fisheries,
Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a 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 – TYPE OF TRANSFER

1. Indicate the type(s) of quota for which an Application to Transfer is being submitted. The different types of quota that may be transferred using this application are:

Catcher/Processor "Owner" Quota and annual Individual Fishing Quota	(CPO QS)
Catcher Vessel "Owner" Quota and annual Individual Fishing Quota	(CVO QS)
Catcher/Processor "Captain/Crew" Quota and annual Individual Fishing Quota	(CPC QS)
Catcher Vessel "Captain/Crew" Quota and annual Individual Fishing Quota	(CVC QS)
Processing Quota Share and annual Individual Processing Quota	(PQS)

Pursuant to Federal regulations at 50 CFR 680.41:

In the case of an application for transfer of PQS for use within an eligible crab community (ECC) that has designated an entity to represent it in exercise of Right of First Refusal (ROFR), the Regional Administrator will not approve the application unless either the Eligible Crab Community (ECC) entity provides an affidavit to the Regional Administrator that the ECC wishes to permanently waive ROFR for the PQS or the recipient of the PQS provides an affidavit affirming the completion of a contract for ROFR that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).

2. Indicate if this transfer of PQS will be used within the Eligible Crab Community (ECC) with which the PQS is currently assigned.

If YES, write in the name of the ECC that has the Right of First Refusal (ROFR) and **attach an affidavit** stating that the ECC wishes to permanently waive ROFR for the PQS or that the proposed recipient of the PQS has completed a ROFR contract with the Eligible Crab Community Organization (ECCO) for the PQS that includes the terms enacted under section 313(j) of the Magnuson-Stevens Act and referenced under § 680.40(f)(3).

If NO or **NOT APPLICABLE** continue to next question.

3. Indicate if this transfer of PQS and IPQ will be used outside the ECC with which the PQS is currently associated.

If YES, please note that the Regional Administrator may not act upon the application for a period of 10 days. At the end of that time period, the application will be approved pending meeting the criteria set forth in § 680.41(i).

IF NO or **NOT APPLICABLE**, continue to next Block.

BLOCK B – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Enter the full, legal, business name of the person that holds quota and wishes to transfer it;
2. Enter the transferor's NMFS Person ID;
3. Enter the permanent business mailing address;
4. Enter the temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent);
- 5-7. Enter the business telephone number, business fax number, and e-mail address.
- 8-9. Check the appropriate box that applies to submission of Economic Data Report (EDR) and fee payment(s)

BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)

1. Enter the full, legal, business name of the person that wishes to receive the quota by transfer;
2. Enter the person's NMFS Person ID;
3. Enter the permanent business mailing address.
4. Enter the temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent);
- 5-7. Enter the business telephone number, business fax number, and e-mail address.
- 8-9. Check the appropriate box that applies to submission of Economic Data Report (EDR) and fee payment(s)

BLOCK D – ELIGIBILITY OF TRANSFEREE

The following standards pertain to eligibility to receive CR quota by transfer (§ 680.41(c):

Quota Type	Eligible Person	Eligibility Standards
PQS not issued under 680.40(e)(3)(i)	Any Person	None
IPQ	Any Person	None
CVO or CPO QS	a) A person initially issued QS	No other eligibility requirements
	b) An Individual	who is a U.S. citizen and with at least 150 days of sea time as part of the harvesting crew in any U.S. commercial fishery
	c) A corporation, partnership, association or other non-individual entity	With at least one individual member who is a U.S. citizen and who: a) owns at least 20% of the entity, and b) has at least 150 days sea time as part of the harvesting crew in any U.S. commercial fishery
	d) An ECCO	that meets the eligibility requirements at 680.41(j)
	e) A CDQ Group	No other eligibility requirements
Converted CPO QS	n/a	Converted CPO QS may not be transferred
CPO IFQ derived from Converted CPO QS	n/a	CPO IFQ derived from Converted CPO may not be transferred
CVO or CPO IFQ	All eligible persons for CVO or CPO QS	According to requirements in 680.41(c)(1)(iii)
CVC or CPC QS	An Individual who is a U.S. citizen with	a) at least 150 days sea time as part of the harvesting crew in any U.S. commercial fishery and, b) recent participation in a CR crab fishery in the 365 days prior to submission of the application for eligibility
CVC or CPC IFQ	All eligible persons for CVC or CPC QS	According to the requirements in 680.41(c)(1)(v)

1. Indicate whether the proposed transferee is applying to receive CVO or CPO QS (with or without IFQ).

If YES, indicate whether the proposed transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVO/CPO QS/IFQ according to the standards below, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

If NO, the proposed transferee must apply for eligibility to receive CVO/CPO QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer. Upon approval of eligibility, this Application for Transfer or Crab QS or PQS may be submitted for approval.

2. Indicate whether the proposed transferee is applying to receive CVC or CPC QS (with or without IFQ).

If YES, indicate whether the transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVC/CPC QS/IFQ according to the standards below, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

If **NO**, the proposed transferee must apply for eligibility to receive CVC/CPC QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer. Upon approval of eligibility, this Application for Transfer or Crab QS or PQS may be submitted for approval.

BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED

Each unit of CR Program QS and PQS is identified by an alpha-numeric code. The alphabetical portion of the code indicates the Fishery, the Sector, and the Region for which the Quota will yield annual IFQ or IPQ. The possible combinations include:

Crab Fishery	Code
Bristol Bay Red King	BBR
Bering Sea Snow	BSS
Bering Sea Tanner	BST
Eastern Aleutian Golden	EAG
Pribilof Red and Blue King	PIK
St. Matthew Blue King	SMB
Western Aleutian Golden	WAG
Western Aleutian Red King	WAI

Sector of QS	Code
Catcher Vessel Owner	CVO
Catcher/Processor Owner	CPO
Catcher Vessel Captain/Crew	CVC
Catcher/Processor Captain/Crew	CPC
Processor Quota	PQS

Region	Code
North	N
South	S
West	W
Undesignated	U

1. Enter the correct Fishery, Sector, and Region Code, as well as the beginning serial number and the ending serial number as set out on the Report of Quota Holding issued by RAM.
2. Indicate whether any current year IFQ or IPQ pounds are intended to transfer with the QS or PQS.

If **YES**, Enter the IFQ or IPQ permit number, the class of IFQ (“A” - if delivery restrictions apply, or “B” - if such restrictions do not apply), and the number of pounds from that permit that are intended to transfer.

3. Indicate whether CPO QS will be re-designated upon transfer.
Note if CPO QS is being transferred, the prospective transferee may choose to re-designate the QS as CVO QS and PQS. If such an election is made, the resulting QS will transfer in the ratio of 1:0.9 [i.e., 1 CVO share to 0.9 PQS shares].
4. If the choice is made to re-designate the QS as CVO QS and PQS, indicate the Region to which the resulting re-designated Quota will be assigned.

If necessary, duplicate the pages to include segments of CPO QS to be transferred.

Note that the IFQ and the IPQ that the re-designated QS will yield will not be issued until the crab fishing year following the year in which the transfer and re-designation was approved.

5. Enter the total price of the QS or PQS, including all fees and other transaction costs.
6. Indicate the price per unit of QS or PQS.

BLOCK F₁ – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

Complete the survey question; check all that apply. Provide an explanation if the transfer is requested pursuant to a “hardship” (IFQ resulting from CVC or CPC QS) and/or if the transfer is requested pursuant to some “other” reason.

Indicate whether a permit broker was used to facilitate this transfer; if so, enter the broker fees as either a “lump sum” (how much was paid to the Broker) or as a percentage of the total price of the Quota.

BLOCK F₂– SURVEY QUESTIONS FOR TRANSFEREE (BUYER)

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

1. Indicate whether the Quota to be transferred will be used as collateral for a loan.

If YES, identify the party with an interest in (“lien” against) the Quota.

RAM, as a courtesy, will enter the name of the party that has asserted an interest in the Quota on the Report of Quota Holdings that is provided to QS Holders; recording the asserted interest does not create a valid lien against the Quota, does not indicate that a valid lien exists; likewise, the absence of a recorded interest does not mean that no lien exists.

2. Indicate the major source of financing for the Quota; describe “Other” source of financing in the space provided.
3. Indicate how the Quota was located; i.e., how did the Transferee know that the Quota was available for transfer?
4. Indicate the relationship, if any, between the Transferor and the Transferee; describe any “Other” relationship.

BLOCKS G AND H – SIGNATURE OF THE TRANSFEROR AND TRANSFEREE

Complete the Signature Blocks.

Sign and print the names of the transferor and transferee and date the application in the presence of a Notary Public.

Representatives signing for a transferor or transferee must **attach** proof of authorization to this application.

A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 hours 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, NMFS Alaska Region, P.O. Box 21668, Juneau, AK 99802.

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.
