



**APPLICATION FOR ANNUAL
CRAB INDIVIDUAL FISHING QUOTA
(IFQ) PERMIT**

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



Annual Application Deadline – June 15

- ◆ Applications received after June 15 may not be processed and IFQ may not be issued to the applicant.
- ◆ Applicants for a CVC or CPC IFQ Permit must demonstrate recent participation in the CR crab fisheries, even if they are currently or have in the past joined a crab harvesting cooperative. See instructions for Block D.
- ◆ If Applicant has joined a crab harvesting cooperative, a copy of this application must be submitted with the cooperative's application(s) for annual crab harvesting cooperative IFQ permit.

BLOCK A – APPLICANT INFORMATION

1. Name of Applicant:	2. Applicant's NMFS Person ID:	
3. Permanent Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

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

1. Place a check mark to indicate those fisheries for which applicant is applying for IFQ.

ALL QUOTA SHARE (QS) FISHERIES for which applicant holds QS

Only those fisheries checked below:

<input type="checkbox"/> BBR	<input type="checkbox"/> BSS	<input type="checkbox"/> EAG
<input type="checkbox"/> EBT	<input type="checkbox"/> WBT	<input type="checkbox"/> PIK
<input type="checkbox"/> SMB	<input type="checkbox"/> WAG	<input type="checkbox"/> WAI

2. Do you intend to join a Cooperative?

YES NO

(If YES, complete Block C below)

BLOCK C – COOPERATIVE IFQ ASSIGNMENT

Complete if some or all of the Applicant’s Annual IFQ is to be assigned to a crab harvesting cooperative

On the table below, enter the name of the crab harvesting cooperative(s) the Applicant has joined for each crab fishery. If Applicant has joined the same crab harvesting cooperative for all crab fisheries for which the Applicant holds QS, list the cooperative name in the row named ALL QS FISHERIES.

Fishery	Name of Cooperative to which crab fishery IFQ is to be assigned
ALL QS FISHERIES	
BBR	
BSS	
EAG	
EBT	
WBT	
PIK	
SMB	
WAG	
WAI	

BLOCK D – CVC/CPC QS HOLDER ACTIVE PARTICIPATION

No allocation of annual CVC/CPC IFQ will be withheld for lack of participation until after the submission of the Application for Annual Permit IFQ/IPQ during the fourth crab fishing season (2018). CVC and CPC QS holders who do not meet the active participation requirements for 4 consecutive years will have their QS revoked by NMFS 5 years (beginning July 1, 2019) from implementation of this requirement.

Beginning July 1, 2018, NMFS will not issue annual IFQ to any holder of CVC or CPC QS that has not demonstrated required recent participation as required in federal regulations at 50 CFR 680.40(g)(2).

NMFS will use the information provided below to track recent participation for CVC and CPC QS holders.

Did you participate in at least one delivery of crab in any CR crab fishery during the crab fishing year immediately preceding the date of this application?

YES NO

If you were an initial recipient of CVC or CPC QS, did you participate as crew in at least 30 days of fishing in a commercial fishery managed by the State of Alaska or in an Alaska federal commercial fishery in the fishing season preceding the date of this application?

YES NO

Evidence of active participation is required for any “YES” answer. Acceptable evidence includes ADF&G fish tickets or affidavits from vessel owners. See instructions for additional information.

BLOCK E – 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), list the name(s) of all owners of the Applicant, 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 block as necessary to display all of the Applicant’s owners (and owners of owners)

BLOCK F – DECLARATION OF AFFILIATION

Indicate whether the Applicant is “affiliated” with an entity that holds Processing Quota Share (PQS) and/or Individual Processing Quota (IPQ). Information regarding affiliation is required to determine the correct allocation of “A” and “B” category IFQ to the Applicant. **Note:** this Declaration of Affiliation is valid for the entire Crab Fishing Year for which the Applicant is seeking IFQ.

Having read and understood the Regulatory definition of “Affiliation” as set out below, the Applicant declares as follows:

- YES, the Applicant is **affiliated** with one or more entity(ies) that holds PQS or IPQ
- NO, the Applicant is **not affiliated** with any entity that holds PQS or IPQ

If YES, the Applicant must identify all holders of PQS or IPQ with which it is affiliated. Provide the name, business address, and telephone number below:

PQS/IFQ Holder Name	Business Address	Business Telephone Number

“Affiliation” is defined in the Crab Rationalization regulations as follows (50 CFR § 680.2 – Definitions):

Affiliation means a relationship between two or more entities in which one directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, another, or a third entity directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, both. For purposes of this definition, the following terms are further defined:

- (1) **Entity.** An entity may be an individual, corporation, association, partnership, joint-stock company, trust, or any other type of legal entity, any receiver, trustee in bankruptcy or similar official or liquidating agent, or any organized group of persons whether incorporated or not, that holds direct or interest in:
 - (i) Quota share (QS), processor quota share (PQS), individual fishing quota (IFQ), or individual processing quota (IPQ); or,
 - (ii) For purposes of economic data report (EDR), a vessel or processing plan operating in CR fisheries.
- (2) **Indirect interest.** An indirect interest is one that passes through one or more intermediate entities. An entity's percentage of indirect interest in a second entity is equal to the entity's percentage of direct interest in an intermediate entity multiplied by the intermediate entity's direct or indirect interest in the second entity.
- (3) **Controls a 10 percent or greater interest.** An entity controls a 10 percent or greater interest in a second entity if the first entity:
 - (i) Controls a 10 percent ownership share of the second entity, or
 - (ii) Controls 10 percent or more of the voting stock in the second entity.
- (4) **Otherwise controls.**
 - (i) A PQS or IPQ holder otherwise controls a QS or IFQ holder if it has:
 - (A) The right to direct, or does direct, the business of the entity which holds the QS or IFQ;
 - (B) The right in the ordinary course of business to limit the actions of or replace, or does limit or replace, the chief executive officer, a majority of the board of directors, any general partner, or any person serving in a management capacity of the entity which holds the QS or IFQ;
 - (C) The right to direct, or does direct, the transfer of QS or IFQ;
 - (D) The right to restrict, or does restrict, the day-to-day business activities and management policies of the entity holding the QS or IFQ through loan covenants;
 - (E) The right to derive, or does derive, either directly, or through a minority shareholder or partner, and in favor of a PQS or IPQ holder, a significantly disproportionate amount of the economic benefit from the holding of QS or IFQ;
 - (F) The right to control, or does control, the management of or to be a controlling factor in the entity holding QS or IFQ;
 - (G) The right to cause, or does cause, the sale of QS or IFQ;
 - (H) Absorbs all of the costs and normal business risks associated with ownership and operation of the entity holding QS or IFQ; and
 - (I) Has the ability through any other means whatsoever to control the entity that holds QS or IFQ.
 - (ii) Other factors that may be indicia of control include, but are not limited to, the following:
 - (A) If a PQS or IPQ holder or employee takes the leading role in establishing an entity that will hold QS or IFQ;
 - (B) If a PQS or IPQ holder has the right to preclude the holder of QS or IFQ from engaging in other business activities;
 - (C) If a PQS or IPQ holder and QS or IFQ holder use the same law firm, accounting firm, etc.;
 - (D) If a PQS or IPQ holder and QS or IFQ holder share the same office space, phones, administrative support, etc.;
 - (E) If a PQS or IPQ holder absorbs considerable costs and normal business risks associated with ownership and operation of the QS or IFQ holdings;
 - (F) If a PQS or IPQ holder provides the start up capital for the QS or IFQ holder on less than an arm's-length basis;
 - (G) If a PQS or IPQ holder has the general right to inspect the books and records of the QS or IFQ holder;
 - (H) If the PQS or IPQ holder and QS or IFQ holder use the same insurance agent, law firm, accounting firm, or broker of any PQS or IPQ holder with whom the QS or IFQ holder has entered into a mortgage, long-term or exclusive sales or marketing agreement, unsecured loan agreement, or management agreement.

BLOCK G – 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 2.5 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 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 FISHING QUOTA (IFQ) PERMIT**

GENERAL

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

Because issuance of the correct amount and type of IFQ is entirely dependent on information provided by QS holders on their annual IFQ applications, an application that is received after **June 15** may not be processed and may not yield annual IFQ.

Completed application must be received by NMFS **no later than June 15**. Applications received after June 15 may not be processed, and IFQ may not be issued to the applicant.

This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate) payment of all outstanding fees submitted to NMFS on or before July 31.

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**

Or, by fax to: **907-586-7354**

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.

- 4-6. Provide the business telephone number, business fax number, and business e-mail address (*if available*) for the Applicant or the Applicant's designated representative

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

1. Place a check mark to indicate those fisheries for which applicant is applying for IFQ.

Check the box for only those fisheries applying for or

Check the box ALL QS FISHERIES if applying for all fisheries for which applicant holds QS.

2. Indicate whether you intend to join a Cooperative. **If YES**, complete Block C.

BLOCK C – COOPERATIVE IFQ ASSIGNMENT

Complete this block if some or all of the Applicant's Annual Individual Fishing Quota is to be assigned to a crab harvesting cooperative.

Enter the name of the crab harvesting cooperative(s) the Applicant has joined for each crab fishery. If

If Applicant has joined the same crab harvesting cooperative for all crab QS Fisheries for which the Applicant holds quota share, list the cooperative name in the row named ALL QS FISHERIES.

NOTE: If the Applicant has joined a cooperative, a copy of this IFQ application must be submitted by the Cooperative, together with the Cooperative's completed application for annual Crab Harvesting Cooperative IFQ permit.

BLOCK D – CVC/CPC QS Holder Active Participation

CVC and CPC QS holders must demonstrate active participation in a CR fishery, a State of Alaska fishery or an Alaska federal fishery. **Beginning July 1, 2018**, NMFS will not issue annual IFQ to any holder of CVC or CPC QS that has not demonstrated required recent participation as follows:

- Participation as crew in at least one delivery of crab in any CR crab fishery during the three crab fishing years preceding the crab fishing year for which the individual is filing this annual crab IFQ permit application; or
- If the individual was an initial recipient of CVC or CPC QS, the individual participated as crew in **at least 30 days** of fishing in a commercial fishery managed by the State of Alaska or in an U.S. commercial fishery in the U.S. exclusive economic zone (EEZ) off Alaska during the three crab fishing years for which the individual is filing this annual crab IFQ permit application.

NMFS will use the information in this application to track recent participation for CVC and CPC QS holders.

Indicate YES or NO that you participated in at least one delivery of crab in any CR crab fishery during the crab fishing year immediately preceding the date of this application.

If YES, you must provide documentation supporting your participation. Acceptable documentation includes ADF&G fish tickets with your name and signature and/or an affidavit from the vessel owner.

If NO, see note below.

If you were an initial recipient of CVC or CPC QS, indicate YES or NO that you participated in a State of Alaska or Alaska federal fisheries in the fishing season preceding the date of this application.

Acceptable documentation includes ADF&G fish tickets with your name and signature and/or an affidavit from the vessel owner. If vessel is owned by a corporation, the affidavit must be signed by an authorized representative of the vessel owner and proof of authorization must be included with the affidavit.

No allocation of annual CVC/CPC IFQ will be withheld for lack of participation until after the submission of the Application for Annual IFQ Permit during the fourth crab fishing season (2018). CVC and CPC QS holders who do not meet the above active participation requirements for 4 consecutive years will have their QS revoked by NMFS 5 years (beginning July 1, 2019) from implementation of this requirement. Individuals will be provided with an additional opportunity to provide documentation of recent participation prior to withholding of CVC/CPC annual IFQ and prior to revocation of CVC/CPC QS.

BLOCK E – IDENTIFICATION OF OWNERSHIP INTEREST

If the Applicant is a non-individual (*i.e.*, a corporation, partnership or other entity), provide the names of and the percentage of ownership held by all of its owners. Provide information 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 F – DECLARATION OF AFFILIATION

Indicate whether the Applicant is “affiliated” with an entity that holds Processing Quota Share (PQS) and/or Individual Processing Quota (IPQ). Information regarding affiliation is required to determine the correct allocation of “A” and “B” category IFQ to the Applicant.

Note: this Declaration of Affiliation is valid for the entire Crab Fishing Year for which the Applicant is seeking IFQ.

Indicate (YES or NO) whether the Applicant is affiliated with one or more entity(ies) that holds PQS or IPQ.

If YES, the Applicant must provide name, business address, and telephone number for all holders of PQS or IPQ with which it is affiliated.

If NO, the applicant is not affiliated with any entity that holds PQS or IPQ.

BLOCK G – 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.