
	<p align="center">Application For CRAB HARVESTING COOPERATIVE INDIVIDUAL FISHING QUOTA PERMIT</p>	<p>U.S. Department of Commerce NOAA/National Marine Fisheries Service 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> 
<p align="center">Application Deadline – June 15</p> <p>NOTE: To be considered complete, this application must be accompanied by the following documents:</p> <ol style="list-style-type: none"> 1. A copy of the completed annual IFQ application from every member of the Cooperative; 2. A copy of the Cooperative’s business license; 3. A copy of the Cooperative’s Articles of Incorporation or Partnership Agreement; and, 4. A copy of the Cooperative Agreement (if different from #3 above). 		
<p align="center">BLOCK A – IDENTIFICATION OF COOPERATIVE</p>		
<p>1. Name of Cooperative:</p>	<p>2. Date of Incorporation:</p>	
<p>4. Business Mailing Address of Cooperative:</p>	<p>5. Business Mailing Address of Designated Representative (<i>if different from Cooperative Business Mailing</i>):</p>	
<p>6. Type of business entity:</p> <p align="center"> <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Other </p> <p>(If other, specify) _____</p>		
<p>7. Business Telephone No.:</p>	<p>8 Business FAX No.:</p>	<p>9. Business e-mail Address:</p>
<p>10. Name of Designated Representative:</p>	<p>11. Signature of Designated Representative:</p>	<p>12. Date Signed</p>

BLOCK B – MEMBERS OF THE COOPERATIVE

NOTE: All holders of Quota Share (QS) in the BSAI Crab Rationalization fisheries are eligible for membership in a Cooperative; however, each cooperative must have a minimum of four unique QS holding entities. Block B may be duplicated, as necessary, to provide all member information.

Name of QS Holder:	NMFS Person ID
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Instructions
APPLICATION FOR AN CRAB HARVESTING COOPERATIVE IFQ PERMIT

A Crab Harvesting Cooperative individual fishing quota (IFQ) Permit is an annual permit that authorizes the cooperative to harvest a defined annual amount of crab during a crab fishing year (July 1 through June 30). The amount of crab authorized by the permit is derived from the aggregate IFQ amounts that would otherwise have been issued to the members of the cooperative. Each cooperative will be issued a separate IFQ permit for each type of quota share (QS) held by its members.

ATTACHMENTS: To be considered complete, this application must be accompanied by the following documents:

- ◆ A copy of the completed annual IFQ application from every member of the Cooperative;
- ◆ A copy of the Cooperative's business license;
- ◆ A copy of the Cooperative's Articles of Incorporation or Partnership Agreement; and,
- ◆ A copy of the Cooperative Agreement (if different from Articles above).

COMPLETING THE APPLICATION

BLOCK A –IDENTITY OF COOPERATIVE:

1. Enter name of the cooperative.
2. Enter date of incorporation.
3. Provide the state in which the cooperative is legally registered as a business entity.
4. Enter business mailing address of cooperative.
5. Enter business mailing address of designated representative, if different from No. 4.
6. Provide the type of business entity under which the cooperative is organized.
A cooperative may be formed as a partnership, a corporation, or as another legal business entity that is registered under the laws of one of the 50 states or the District of Columbia.
- 7-9. Provide the business telephone number, fax number, and e-mail address for the cooperative or its designated representative.
10. Provide the name of the cooperative's designated representative Affix signature of the cooperative's designated representative.
- 11-12. Designated representative's signature and date signed.

BLOCK B – MEMBERS OF THE COOPERATIVE

A crab harvesting cooperative must have a minimum of four unique QS holding entities. A unique QS holding entity is a QS holder or group of affiliated QS holders that are not affiliated with any other QS holders or QS holding entities in the crab harvesting cooperative

Provide the full name and NMFS Person ID for each member of the cooperative. Duplicate Block B as necessary to provide all names and ID numbers.

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, 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 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 as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics
