



**APPLICATION FOR TRANSFER
(LEASE) OF CRAB IPQ**

U.S. Dept. 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



Notes:

1. Applications to transfer (lease) annual Individual Processor Quota (IPQ) will not be processed between August 1 of any year and the date of issuance of the IPQ in a Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application may only be used to apply for a lease of annual IPQ for the current crab fishing year. All other applications for transfers, including inter-cooperative transfers, must be submitted on appropriate transfer applications.

BLOCK A – TYPE OF TRANSFER

1. Will this transfer of IPQ be used **within the Eligible Crab Community (ECC)** with which the IPQ is currently associated?

YES [] NO [] NOT APPLICABLE []

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

2. Will this transfer of IPQ be used **outside the ECC** with which the IPQ is currently associated?

YES [] NO [] NOT APPLICABLE []

BLOCK B -- IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Name of Transferor		2. NMFS Person ID:	
		3. Date of Incorporation:	
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address:	
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail Address:	
9. Has transferor submitted an EDR, if required to do so under § 680.6?			
YES [] NO [] NOT APPLICABLE []			
10. Has transferor paid all fees, as required by § 680.44?			
YES [] NO [] NOT APPLICABLE []			

BLOCK C - IDENTIFICATION OF TRANSFEREE (LESSEE)

1. Name of Transferee		2. NMFS Person ID:	
		3. Date of Incorporation:	
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address	
6. Business Telephone No.:	7. Business Fax No.:	8. E-mail address:	
9. 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"/>			
10. Has transferee paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>			

BLOCK D - IDENTIFICATION of IPQ to be TRANSFERRED (LEASED)

Permit Number	Fishery	Sector of QS	Region	IPQ Pounds

BLOCK E – 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 of Transferor: (If authorized representative, **attach** authorization)

BLOCK F – 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 of Transferee: (If authorized representative, **attach** authorization)

PUBLIC REPORTING BURDEN STATEMENT

Public reporting 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 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 99802-1668.

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.

<p style="text-align: center;">Instructions APPLICATION FOR TRANSFER (LEASE) OF CRAB IPQ</p>
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GENERAL INFORMATION

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of IPQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of IPQ for the current crab fishing year. All other applications for transfers must be submitted on an appropriate transfer application.

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 an CR Economic Data Report (EDR).

A 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 on or before July 31.

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 **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 working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.

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

◆ Submit the completed application:

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

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

Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

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

Online to: **<http://alaskafisheries.noaa.gov>**

The transferor and transferee designated representatives must log into the system as indicated on the computer screen.

Items will be sent to you 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 FORM

BLOCK A – TYPE OF TRANSFER

1. Indicate whether this IPQ transfer will be used within the **Eligible Crab Community (ECC)** with which the IPQ is currently associated. An ECC is a community in which at least 3 percent of the initial allocation of processor quota share (PQS) of any crab fishery is allocated. The specific communities are:

CDQ* Communities	Non-CDQ Communities
Akutan	Unalaska/Dutch Harbor
False Pass	Kodiak
St. George	King Cove
St. Paul	Port Moller
	Adak

*CDQ = Western Alaska Community Development Quota

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 IPQ or
- ◆ That the proposed recipient of the IPQ has completed a ROFR contract with the ECC Entity for the IPQ.

Right of First Refusal (ROFR) means the civil contract provisions set forth under section 313(j) of the Magnuson-Stevens Act between the holders of PQS and IPQ and ECC entities, other than Adak, Alaska, for the opportunity of ECCs to exercise the right to purchase or lease PQS or IPQ proposed to be transferred by a holder of PQS or IPQ in an ECC.

2. Indicate whether this transfer of IPQ will be used outside the ECC with which the IPQ is currently associated.

If **YES**, requesting transfer of IPQ for use outside an ECC that has designated an entity to represent it in exercise of ROFR under § 680.41(l), **attach an affidavit** signed by the applicant stating that notice of the proposed transfer has been provided to the ECC entity under civil contract terms referenced under §680.40(f)(3) for the transfer of any IPQ subject to ROFR.

Please note: 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 if the criteria set forth in §680.41(i) are met.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Enter the full name of the person who intends to transfer the annual IPQ.
2. Enter transferor's NMFS Person ID.
3. Enter the transferor's date of incorporation.
4. Enter the transferor's permanent business mailing address.
5. Enter the transferor's temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
- 6-8. Enter the transferor's business telephone number, business fax number, and e-mail address.
9. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.
10. Indicate whether transferor has paid all fees, as required by § 680.44.

BLOCK C – IDENTIFICATION OF TRANSFEREE (LESSEE)

1. Enter the full name of the person who intends to receive the annual IPQ.
2. Enter the transferee’s NMFS Person ID.
3. Enter the transferee’s date of incorporation.
4. Enter the transferee’s permanent business mailing address.
5. Enter the transferee’s temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
- 6-8. Enter the transferee’s business telephone number, business fax number, and e-mail address.
9. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6.
10. Indicate whether transferee has paid all fees, as required by § 680.44.

BLOCK D – IDENTIFICATION OF IPQ TO BE TRANSFERRED

Enter the IPQ permit number, Fishery, Sector, Region, and the number of IPQ pounds that are intended to transfer.

For your assistance in completing this block, the following table identifies the appropriate codes for each fishery, sector and region.

Crab Fishery	Code	Sector of QS	Code	Region	Code
Bristol Bay red king	BBR	Catcher Vessel Owner	CVO	North	N
Bering Sea snow	BSS	Catcher/Processor Owner	CPO	South	S
Bering Sea Tanner	BST	Catcher Vessel Captain/Crew	CVC	West	W
Eastern Aleutian Golden	EAG	Catcher/Processor Captain/Crew	CPC	Undesignated	U
Pribilof red and blue king	PIK	Processor Quota	PQS		
St. Matthew blue king	SMB				
Western Aleutian golden	WAG				
Western Aleutian red king	WAI				

Repeat this information for all IPQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be **attached**.