
	<p><b>APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ</b></p>	<p>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</p> 
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**Annual Application Deadline – August 1**

1. Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another **will not be processed between August 1** of any year and the date of issuance of the IFQ 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 IFQ from one person to another 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 IFQ TRANSFER***

1. Is this a transfer of CVC IFQ? YES [ ] NO [ ]

**If NO**, Stop Here. This form may only be used to transfer CVC/CPC IFQ.

**If YES**, applicant must 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 IFQ. Proof of this landing is:

- ◆ Alaska Department of Fish and Game (ADF&G) Fish Ticket with signature of the applicant, 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 quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

2. Is this a transfer of CVC IFQ only due to a hardship? YES [ ] NO [ ]

**If NO, Stop Here.** CVC IFQ can only be transferred as a result of a hardship.

**If YES**, indicate type of hardship and provide required documentation:

- [ ] **Medical condition of QS holder.**  
QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.
- [ ] **Medical condition involving an individual who requires a QS holder’s care.**  
QS holder is required to provide documentation of the individual’s medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;
- [ ] **Total or constructive physical loss of a vessel.**  
The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

**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 <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE [ <input type="checkbox"/> ]			
10. 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 (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"/>

<b>BLOCK D – IDENTIFICATION of IFQ to be TRANSFERRED (LEASED)</b>					
Permit Number	Fishery	Sector	Region	IFQ (Class A, B, R, or U)	Pounds

<b>BLOCK E – CERTIFICATION OF TRANSFEROR</b>	
<i>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.</i>	
1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: (If authorized representative, <b>attach</b> authorization)	

<b>BLOCK F – CERTIFICATION OF TRANSFEEE</b>	
<i>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.</i>	
1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: (If authorized representative, <b>attach</b> authorization)	

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

Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another will not be processed between August 1 of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area (BSAI) Crab Rationalization(CR) Program fishery.

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of catcher vessel crew/catcher/processor crew (CVC/CPC) IFQ is not effective until approved by NMFS.

The only lease of crab IFQ currently authorized is for CVC/CPC IFQ due to a hardship as indicated at 50 CFR 680.41(e)(3).

- ◆ Medical condition of Quota Share (QS) holder.  
QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.
- ◆ Medical condition involving an individual who requires a QS holder's care.  
QS holder is required to provide documentation of the individual's medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;
- ◆ Total or constructive physical loss of a vessel.  
The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

This application may only be used to apply for a transfer of CVC/CPC IFQ from one individual to another 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 Economic Data Report (EDR).  
An 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](mailto: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 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 working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

By mail to: **NMFS, Alaska Region  
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.

Or, by courier to:

**NMFS Alaska Region  
Attn: RAM  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

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](mailto:RAM.Alaska@noaa.gov)

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## **COMPLETING THE FORM**

### **BLOCK A – TYPE OF TRANSFER**

1. If applying to receive Catcher Vessel Captain/Crew (CVC) IFQ by transfer, applicant must 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 IFQ:

- ◆ ADF&G Fish Ticket with signature of the applicant, 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 quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

2. Indicate if this is a transfer of CVC IFQ only due to a hardship.

**If NO, Stop Here.** CVC IFQ can only be transferred as a result of a hardship.

**If YES,** a holder of CVC QS may lease the IFQ derived from this QS for the term of the hardship. However, the holder of CVC QS may not lease the IFQ under this provision for more than 2 crab fishing years total in any 10 crab fishing year period. Such transfers are valid only during the crab fishing year for which the IFQ permit is issued and the QS holder must re-apply for any subsequent transfers.

Applicant must submit documentation supporting the need for a hardship transfer. Indicate type of hardship and provide required documentation:

- ◆ Medical condition of QS holder.  
QS holder is required to provide documentation of the medical condition from a licensed medical doctor who verifies that the QS holder cannot participate in the fishery because of the medical condition.
- ◆ Medical condition involving an individual who requires a QS holder’s care.  
QS holder is required to provide documentation of the individual’s medical condition from a licensed medical doctor. The QS holder must verify that he or she provides care for that individual and cannot participate in the fishery because of the medical condition of the individual;
- ◆ Total or constructive physical loss of a vessel.  
The QS holder must provide evidence that the vessel was lost and could not be replaced in time to participate in the fishery for which the person is claiming a hardship.

### **BLOCK B – IDENTIFICATION OF TRANSFEROR (“LESSOR”)**

1. Enter the full name of the person who intends to transfer the annual IFQ.
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 IFQ.
2. Enter the transferee's NMFS Person ID.
3. Enter the transferee's date of incorporation (if applicable).
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 IFQ TO BE TRANSFERRED**

Enter the IFQ permit number, Fishery, Sector, Region, IFQ class (A, B, R, or U), and the number of IFQ 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 IFQ 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.

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### ***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.

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