

Rockfish Cooperative Quota Permit Fee Submission Form₁

1U.S. Department of Commerce/NOAA
National Marine Fisheries Service (NMFS)
Office of Operations, Management and Information (OMI)
P.O. Box 21668
Juneau, Alaska 99802-1668



NOTE: A Rockfish CQ permit holder must submit any rockfish cost recovery fee liability payment(s) to NMFS at the address provided no later than **March 31** of the year following the calendar year in which the Rockfish CQ landings were made.

1BLOCK A-- OVERPAYMENT

1If your estimated Balance Due is less than zero (deficit), you **MUST** select one of the following options:

Apply Overpayment to Future Fee Liabilities **OR** Issue Refund

1BLOCK B-- IDENTIFICATION OF ROCKFISH COOPERATIVE

11. Name of Cooperative

2. NMFS Person ID

3. Taxpayer ID (Employer ID No.)

4. Date of Incorporation

5. Business Mailing Address Permanent or Temporary

6. Business Telephone No.

7. Business Fax No.

8. Business E-mail Address (if any)

1BLOCK C -- AGREEMENT WITH FEE LIABILITY SUMMARY

1Check if you agree with your Fee Liability Summary YES NO

If you have checked YES, please date and sign your name where designated in Block D, complete Block E, and mail this Fee Submission Form with your payment, or as indicated in Block E, in the envelope provided.

If you have checked NO, complete Block F (Fee Calculation) using the fee calculation instructions (pages two and three of the attached instructions). After you have completed Block F, return to Block D on page 1 and print, sign, and date the Fee Submission Form, complete Block E, and mail the form with your payment, in the envelope provided.

1BLOCK D -- SIGNATURE

11. Printed Name of Rockfish Cooperative or Authorized Agent (If agent, attach authorization)

2. Signature of Authorized Agent

3. Date

1BLOCK E -- METHOD OF PAYMENT

1[] Personal Check [] Cashiers Check [] Money Order made payable to National Marine Fisheries Service (NMFS)

REMINDER! Sign your check. If paying for multiple permit holders, include their completed and signed Fee Submission Forms.

[] Charge to the following: [] Visa [] Mastercard [] American Express [] Discover [] Novus

Card No: _____ Expiration Date: _____

Amount of Payment: _____ Name as Printed on Card: _____

Signature of Card Holder: _____ Date: _____

[] Online Payment

STOP!

**HAVE YOU COMPLETED BLOCK E AND INCLUDED PAYMENT OF YOUR FEE?
HAVE YOU MADE A COPY OF YOUR FEE SUBMISSION FORM AND CHECK/MONEY ORDER
FOR YOUR RECORDS?**

**RAM DOES NOT SEND VERIFICATION OF PAYMENT AND STRONGLY RECOMMENDS YOU RETAIN COPIES
FOR YOUR RECORDS.**

BLOCK F – FEE CALCULATION

Permit Number	Date of Landing	Port Location	Pounds	Standard Ex-vessel Price	Actual Ex-vessel Price	Total
<i>Sample</i>	<i>3/20/2005</i>	<i>Sitka</i>	<i>5000</i>		<i>\$2.20</i>	<i>\$11,000</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17. Ex-vessel Value Total (add lines 2-16):						
18. Plus Total Adjustments (retros, bonuses):						
19. Subtotal (add lines 17 and 18):						
20. Fee Liability* (multiply the published fee percentage by line 19):						
21. Less Pre-payments or Credits (if any):						
22. Balance Due (enter result after subtracting line 21 from 20):						
23. Enclosed Payment Amount:						

*1Your fee liability is based on the total value received for _____ landed on your permit during the fishing year. It should represent the total dollar value of pounds before any deductions are made for goods and services provided (i.e., bait, ice, fuel, repairs, machinery replacement, etc.), multiplied by the NMFS published fee percentage for the fishing year.

**Instructions for
ROCKFISH COOPERATIVE QUOTA(CQ) PERMIT
FEE SUBMISSION FORM**

The person documented on the Rockfish CQ permit as the permit holder at the time of a Rockfish CQ landing is subject to a fee liability for any Rockfish primary species and rockfish secondary species CQ debited from a Rockfish CQ allocation during a calendar year, except any rockfish primary species or rockfish secondary species harvested under a Rockfish CQ permit that is subsequently confiscated by NMFS or the State of Alaska.

All Rockfish CQ holders who receive Rockfish CQ are responsible for submitting the cost recovery payment for all Rockfish CQ landings made under the authority of a Rockfish CQ permit.

All Rockfish CQ holders who receive a Rockfish CQ permit for a calendar year must maintain and submit records for any rockfish cost recovery fees collected under the corresponding Rockfish CQ permit.

BLOCK A -- OVERPAYMENT

If you have a credit from prepayments of the previous year or a balance due that is less than zero (deficit), you must choose to receive a refund or a credit on your future liabilities. All refunds will be issued out of the National Oceanic and Atmospheric Administration, Department of Finance, in Silver Spring, Maryland. **Please allow a minimum of eight weeks for your refund to be issued.** If you do not choose one of these options and have an amount due, it will automatically be credited to your Fee Liability Account.

BLOCK B -- IDENTIFICATION OF ROCKFISH COOPERATIVE

Enter the information requested below in the designated areas on the IFQ Permit Holder Fee Submission Form.

1. Name of Rockfish Cooperative: Full name of the cooperative that is the holder of the cooperative quota.
2. NMFS Person ID: Identification number assigned to the cooperative by NMFS/RAM.
3. Tax ID (EIN or SSN). Enter employer identification number (EIN) of cooperative.
4. Date of incorporation. Enter date of incorporation of cooperative.
5. Business Mailing Address: Business mailing address where information should be sent; include street or P.O. box number, state, and zip code. Check whether the address provided is a permanent or temporary address. If the address is a permanent address, the address will be updated in the official RAM database. If the address is a temporary address, it will be used on a one-time-only basis for processing this form and RAM's database will not be changed.
- 6-8. Business Telephone Number, Fax Number, and E-mail Address: Business telephone number, business fax number, including area codes, and business e-mail address, if available. Note: It is important to provide a number where messages can be left to avoid delay in processing the Fee Submission Form if any questions arise.

1BLOCK C -- AGREEMENT WITH FEE LIABILITY SUMMARY

All cooperatives must complete Blocks A through E of the Fee Submission form. If you indicated in Block C that you are not in agreement with the Summary, then Block F (Fee Calculation) must also be completed.

BLOCK D – SIGNATURE OF COOPERATIVE AUTHORIZED AGENT

1. Printed Name of Cooperative and Authorized Agent: Print or type the full name of the cooperative and authorized agent signing on behalf of the cooperative. **Note**: written authorization must be submitted with the Fee Submission Form.
2. Signature of Cooperative Authorized Agent: The cooperative authorized agent must sign and date the application where indicated. The application will not be considered without the signature of the authorized agent.
3. Date: Indicate the date on which the Fee Submission Form is signed.

BLOCK E -- METHOD OF PAYMENT

1. Make payment payable to NMFS. Forms are available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov>, or by contacting NMFS at: 800-304-4846, Option 2.
2. Payment must be made in U.S. dollars by personal check drawn on a U.S. bank account, money order, bank certified check, or credit card.
3. If paying by personal check, cashiers check, or money order, check the appropriate box to indicate the form of payment being used to pay your Fee Liability. A copy of your check or money order should be retained for your own records.
4. If paying by credit card, check the box that indicates the type of card used. **Note**: Only the credit cards listed are accepted for payment through NMFS/RAM at this time. The credit card number, expiration date, the name as printed on the card, and the card holder's signature must be completed for RAM to accept this form of payment. **If any of the required credit card information is missing, your payment WILL NOT be accepted.**
5. Payments may also be submitted electronically to NMFS.

BLOCK F -- FEE CALCULATION

Complete this block ONLY if you indicated in Block C that you did not agree with your Fee Liability Summary.

The Rockfish CQ permit holder must use the rockfish fee percentage in effect at the time a Rockfish primary species and rockfish secondary species CQ landing is debited from a Rockfish CQ allocation to calculate the rockfish cost recovery fee liability for such Rockfish primary species and rockfish secondary species.

Fee liability must be calculated by multiplying the applicable fee percentage by the ex-vessel value of the Rockfish primary species and rockfish secondary species CQ received by the Rockfish eligible processor at the time of receipt.

1-16. Permit Number: Enter permit number(s).

Date of Landing: Enter date(s) the landing(s) was/were made.

Port Location: Enter the port(s) where landing(s) was/were made.

Pounds: Enter the number of pounds landed (include any retained pounds) on permit(s) for specific date(s).

Standard Ex-Vessel Price: Enter the standard ex-vessel price located on your Fee Liability Summary. You may use either the standard price /or the actual price for each landing in your summary.

Actual Ex-Vessel Price: Enter the actual ex-vessel value for this permit. You may use either the standard price or the actual price for each landing in your summary.

Total: Multiply the total pounds landed on the permit(s) by the standard or actual ex-vessel price to get the total for each landing.

17. Ex-vessel Value Total: Add lines 2 through 16 to get the subtotal of fees owed for all permits.
18. Plus Total Adjustments: Add total adjustments (retros or bonuses paid in current year for previous year).
19. Subtotal: Add lines 17 and 18.
20. Fee Liability: Multiply the permit(s) subtotal (line 19) by the published fee percentage.
21. Less Pre-Payments or Credits: Subtract any pre-payments or credits from line 20. If you have a pre-payment or credit, it will be indicated on your Fee Liability Summary.
22. Balance Due: This indicates your balance due or credit after subtracting line 21 from 20. If you show a credit, return to Block A and check whether you would like your credit refunded or have it applied to future fee liabilities. If you show a balance owed, fill in line 23.
23. Enclosed Payment Amount: If you show a balance owed, enter the amount of the payment you will be submitting.

Do not forget to sign and enclose your personal or certified check or money order and send it to:

U.S. Dept. of Commerce/NOAA,
National Marine Fisheries Service,
Office of Operations, Management and Information (OMI),
P.O. Box 21668,
Juneau, Alaska 99802-1668.

If paying by credit card, make sure ALL requested card information is provided. Do not mail cash.

We will not be sending receipts for payments received by check or money order, so we strongly recommend that you retain a copy of this completed form and your check/money order for your records. Only payments received by credit card will be sent computer-generated receipts after those payments are processed.

If you need assistance in completing this form, or you have questions about the Cost Recovery Program, or any other RAM program, call toll free at (800) 304-4846 (#2) or (907) 586-7202 (#2). RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at www.alaskafisheries.noaa.gov.

1PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the instructions, searching 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: NOAA National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the 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 effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. All information collected is part of a Privacy Act system of records: NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries, published on April 17, 2008 (73 FR 20914).
