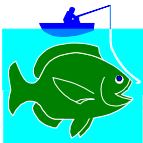



| | | | |
|---|---|--|---|
|  | <h2 style="margin: 0;">APPLICATION FOR REPLACEMENT OF CERTIFICATES OR PERMITS1</h2> | United States Department of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668 Telephone (800) 304-4846 toll free or (907) 586-7202 in Juneau Fax: (907) 586-7354 |  |
|---|---|--|---|

BLOCK A - IDENTIFICATION OF APPLICANT

| | |
|---|--|
| 1. Name: | 2. NMFS Person ID: |
| 3. Business Mailing Address: [] Permanent or [] Temporary | 4. Date of Birth or Date of Incorporation: |
| | 5. Business Telephone Number: |
| | 6. Business Fax Number: |
| | 7. E-mail Address: |

BLOCK B – REPLACEMENT REQUEST
(Check Only the Items That Apply)

PART I – BSAI Crab Permits and Scallop Permits

| | |
|---|-------------------------------|
| <input type="checkbox"/> Crab Annual IFQ Fishing Permit: | Permit Number _____ |
| <input type="checkbox"/> Crab Annual IPQ Fishing Permit: | Permit Number _____ |
| <input type="checkbox"/> Registered Crab Receiver: | Permit Number _____ |
| <input type="checkbox"/> Crab Federal Vessel Permit: | Permit Number _____ |
| | Vessel ADF&G Number: _____ |
| <input type="checkbox"/> Crab IFQ Hired Master Permit: | Skipper Name: _____ |
| | Skipper NMFS ID Number: _____ |
| <input type="checkbox"/> Crab QS or PQS Transfer Eligibility Certificate (TEC) | _____ |
| <input type="checkbox"/> Crab License Limitation License (LLP): | License Number _____ |
| <input type="checkbox"/> Scallop License Limitation License (SLLP): | License Number _____ |

PART II – Pacific Halibut and Sablefish IFQ Program Permits

- Halibut/Sablefish IFQ Fishing Permit:** Permit Number _____
- Halibut/Sablefish IFQ/CDQ Hired Master Permit** for individual permit holder:
Permit Number _____ Species _____
- Halibut/Sablefish Transfer Eligibility Certificate (TEC):** NMFS Person ID Number _____
- Registered Buyer Permit:** Permit Number _____

PART III – Federal Groundfish Permits

- Federal Fisheries Permit (FFP):** Permit Number _____
- Federal Processor Permit (FPP):** Permit Number _____
Vessel ADF&G Vessel Registration Number (*if stationary floating processor*) _____
- Groundfish License Limitation License (LLP):** License Number _____
- American Fisheries Act (AFA) Inshore Cooperative:** Permit Number _____
- AFA Inshore Processor:** Permit Number _____
- AFA Catcher Vessel Permit:** Permit Number _____
- AFA Catcher/Processor Permit:** Permit Number _____
- AFA Mothership Permit:** Permit Number _____

PART IV – Halibut Subsistence

- Subsistence Halibut Registration Certificate (SHARC):**
Tribal SHARC Number _____ Or Rural Resident SHARC Number _____
- Subsistence Halibut Community Harvest Permit:** Permit Number _____

PART V – Charter Halibut

- Charter Halibut Permit:** Permit Number _____

BLOCK C - REASON FOR REPLACEMENT REQUEST

- Lost Destroyed Stolen Other (*explain*) _____

BLOCK D – SIGNATURE OF APPLICANT

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

| | |
|---|----------|
| 1. Signature of Applicant or Authorized Representative: | 2. Date: |
|---|----------|

3. Printed Name of Applicant or Authorized Representative (**Note:** *If authorized representative, **attach** authorization*):

INSTRUCTIONS
APPLICATION FOR
REPLACEMENT OF CERTIFICATES, PERMITS, OR LICENSES

Use this application to request a replacement for a certificate or permit that was previously issued by NMFS and that subsequently was lost, destroyed, or stolen.

Please type or print legibly in ink and retain a copy of the completed application for your records.

When completed, submit application:

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

or deliver to: **709 West 9th Street, Room 713
Juneau, AK 99801**

or fax to: **(907) 586-7354**

Allow at least 10 business days for your application to be processed.

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery. Additional information is available from RAM, as follows:

Website: <https://alaskafisheries.noaa.gov/fisheries-applications>

Telephone (toll free): 800-304-4846 (press "2")

Telephone (in Juneau): 907-586-7202 (press "2")

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE APPLICATION

Provide the information requested below regarding the replacement of the item(s) requested.

BLOCK A - IDENTIFICATION OF APPLICANT

1. **Name:** The full name of the applicant that is the holder of the permit or certificate, and/or license being replaced.
2. **NMFS Person ID:** The identification number assigned to the applicant by NMFS, RAM.
3. **Business Mailing Address:** Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent.
Indicate whether permanent or temporary address.
If permanent, we will update the official RAM database.
If temporary, we will use it for this one application only and we will not change the RAM database.

- 4. Date of Birth or Date of Incorporation.
Enter date of birth if applicant is an individual;
Enter date of incorporation if applicant is a corporation, partnership, association, or other non-individual business entity.

- 5-7. Business Telephone and Fax Numbers and email address: The business telephone and business fax numbers, including the area codes, and email address.

Note: It is important to provide a number where NMFS may leave a message to avoid delay in processing the application if any questions arise.

BLOCK B - REPLACEMENT REQUEST (Parts I through V)

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

BLOCK C - REASON FOR REPLACEMENT REQUEST

Indicate the reason(s) for replacement of the items checked in Block B.

BLOCK D – SIGNATURE OF APPLICANT

Printed name and signature of applicant and date signed.
If completed by authorized representative, **attach** authorization.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.
