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|---|--|---|---|
|  | <p><b>Application For<br/>TEMPORARY MILITARY TRANSFER<br/>OF IFQ</b></p> | <p>U.S. Department of Commerce<br/>NOAA Fisheries Service, Alaska Region<br/>Restricted Access Management (RAM)<br/>Post Office Box 21668<br/>Juneau, Alaska 99802-1668</p> |  |
|---|--|---|---|

**NOTE: Submit a separate application for each Individual Fishing Quota (IFQ) Temporary Military Transfer.**  
Temporary Military Transfers are valid only during the calendar year for which the associated IFQ is issued and will be issued only for the IFQ derived from the quota share (QS) held by the applicant.

|  |  |
|--|--|
| Does the Transferor (Military) qualify for a hired master exception under 50 CFR 679.42(i)(1)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Does the Transferee (Not Military) hold a Transfer Eligibility Certificate (TEC)?              | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| <b>ATTACHMENTS</b>   |   |
|--|---|
| Use this list to ensure your application is complete. Incomplete applications will not be processed.   |   |
| <b>Note:</b> faxed applications are not acceptable. Please submit originals.   |   |
| <input type="checkbox"/> Completed, signed, and notarized application  | <input type="checkbox"/> Copy of permit or QS Holder Summary Report |
| <input type="checkbox"/> Documentation of active military mobilization or deployment, including the following:   |   |
| <input type="checkbox"/> Copy of official documentation, such as mobilization or deployment orders, that direct the transferor to report to active duty status or to mobilize for a military deployment.   |   |
| <input type="checkbox"/> Concise description of the length and nature of the military deployment including verification that the applicant is unable to participate in the IFQ fishery for which he or she holds IFQ permits during the IFQ season because of his/her active duty military status. |   |

| <b>BLOCK A – TRANSFEROR (SELLER) INFORMATION</b>   |                      |                    |
|--|----------------------|--------------------|
| 1. Name:   | 2. NMFS Person ID:   |                    |
|  | 3. Date of Birth:    |                    |
| 4. Permanent Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |                      |                    |
| 5. Business Telephone No.:   | 6. Business Fax No.: | 7. e-mail Address: |

**BLOCK B – TRANSFEREE (BUYER) INFORMATION**

|  |                      |                    |
|--|----------------------|--------------------|
| 1. Name:   |                      | 2. NMFS Person ID: |
|  |                      | 3. Date of Birth:  |
| 4. Permanent Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |                      |                    |
| 5. Business Telephone No.:   | 6. Business Fax No.: | 7. E-mail Address: |

**BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| 1. Species<br>Halibut <input type="checkbox"/> or Sablefish <input type="checkbox"/> | 2. IFQ Regulatory Area:          | 3. Number of Units:      |
| 4. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):  |                                  |                          |
| 5. Actual Number of IFQ Pounds:  | 6. Transferor IFQ Permit Number: | 7. Fishing Year: 20_____ |

**NOTE:** This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application.

**BLOCK D – CERTIFICATION OF TRANSFEROR**

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

|  |                                     |
|--|-------------------------------------|
| 1. Signature of Transferor or Authorized Representative:   | 2. Date:                            |
| 3. Printed Name Transferor or Authorized Representative <b>Note:</b> If representative, <b>attach</b> authorization: |                                     |
| 4. Notary Public Signature: <b>ATTEST</b>  | 5. Affix Notary Stamp or Seal Here: |
| 6. Commission Expires:   |                                     |

**BLOCK E – CERTIFICATION OF TRANSFEREE**

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

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| 1. Signature Transferee (Buyer) or Authorized Representative:  |  | 2. Date:                            |  |
| 3. Printed Name Transferee (Buyer) or Authorized Representative <b>Note: If representative, <i>attach</i> authorization:</b> |  |                                     |  |
| 4. Notary Public Signature: <b>ATTEST</b>  |  | 6. Affix Notary Stamp or Seal Here: |  |
| 5. Commission Expires:   |  |                                     |  |

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 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, 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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Application for  
**TEMPORARY MILITARY TRANSFER OF IFQ**

In the event of a military mobilization affecting a quota share (QS) holder that prevents him or her from being able to participate in the halibut or sablefish individual fishing quota (IFQ) fisheries, the Regional Administrator may approve a temporary military transfer for the IFQ derived from the QS held by a QS holder. A temporary military transfer will be approved if the QS holder demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds QS because of a military mobilization or activation to duty status. A QS holder who has received an approved temporary military transfer may transfer the IFQ derived from his or her own QS to an individual eligible to receive IFQ. To be eligible to receive a temporary military transfer, a QS holder must:

- ◆ Be a member of a branch of the U.S. National Guard or other U.S. military reserve.
- ◆ Possess one or more catcher vessel IFQ permits.
- ◆ Not qualify for a hired master exception under § 679.42(i)(1).

Any person who received QS/IFQ as an Initial Issuee or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer.

**Note:** A separate application must be submitted for each temporary military transfer of IFQ.

A temporary military transfer application is available at  
<https://alaskafisheries.noaa.gov/fisheries-applications>

The application must bear the original signatures of the parties — an application sent by fax will not be processed.

Please allow at least ten working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management at (800) 304-4846 (#2) or (907) 586-7202 (#2).

When completed, submit application by

Mail to: **NMFS Alaska Region  
Restricted Access Management  
P.O. Box 21668  
Juneau, AK 99802-1668**

Deliver to: **709 West 9th Street, Room 713**

***Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.***

**COMPLETING THE APPLICATION**

**QUALIFYING QUESTIONS**

Indicate by checking boxes whether

Transferor (Military) qualifies for a hired master exception under 50 CFR 679.42(i)(1)

Transferee (Not Military) holds a Transfer Eligibility Certificate (TEC)

**If YES**, the submitted temporary military transfer application will be denied.

**If NO**, the transferee (buyer) will need to contact RAM for instructions on eligibility procedures and a TEC application form.

## **ATTACHMENTS**

Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application.

### **BLOCK A -- TRANSFEROR (SELLER) INFORMATION**

1. Name: Full name as it appears on QS Holder Summary Report and/or TEC.
2. NMFS Person ID: As found on QS Holder Summary Report or TEC.
3. Date of Birth: Birth date of the person.
4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.  
Indicate whether permanent or temporary.  
If temporary, this address is where you want the transfer documentation sent other than the permanent address.
- 5-7. Business Telephone Number, Business Fax Number (Include the area codes), and E-mail Address.

### **BLOCK B -- TRANSFEREE (BUYER) INFORMATION**

1. Name: Full name as it appears on QS Holder Summary Report and/or TEC.
2. NMFS Person ID: As found on QS Holder Summary Report or TEC.
3. Date of Birth: Birth date of the person.
4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.  
Indicate whether permanent or temporary.  
If temporary, this address is where you want the transfer documentation sent other than the permanent address.
- 5-7. Business Telephone Number, Business Fax Number (Include the area codes), and E-mail Address.

### **BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

1. Indicate whether halibut or Sablefish IFQ
2. IFQ Regulatory Area
3. Number of Units
4. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report)
5. Actual Number of IFQ Pounds
6. Transferor (Seller) IFQ Permit Number
7. Indicate Fishing Year

**BLOCK D -- CERTIFICATION OF TRANSFEROR**

Transferor must sign and print name and date the application. If completed by a representative, attach authorization..

A Notary Public must Attest, affix Notary Stamp, and provide date commission expires. The Notary Public cannot be the person(s) submitting this application.

**BLOCK E - CERTIFICATION OF TRANSFEREE**

Transferee must sign and print name and date the application. If completed by a representative, attach authorization.

A Notary Public must Attest, affix Notary Stamp, and provide date commission expires. The Notary Public cannot be the person(s) submitting this application.