
	<p><b>APPLICATION FOR TRANSFER OF QS/IFQ</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free, (907) 586-7202 in Juneau (907) 586-7354 fax</p>	
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**Submit a separate application for each Quota Share (QS) or IFQ Transfer.**

**NOTE:** If you want to do a self-sweep-up (combine) transfer, please use the self sweep-up form.

Does the Transferee (Buyer) hold a Transfer Eligibility Certificate (TEC)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<b>CHECKLIST</b>
Use this checklist 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 signed & notarized sales agreement
<input type="checkbox"/> Documentation for Authorized Representative (if applicable)
<input type="checkbox"/> Transfer of IFQ (Category "A" Shares, Surviving Spouse Lease): Copy of permit

<b>BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)</b>		
1. Name:	2. NMFS Person ID:	3. Date of Birth:
4. Business Mailing Address <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary:		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address (if available):

**BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER)**

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 Number:	6. Business Fax Number:	7. E-mail address (if available):

**BLOCK C – QUESTIONS FOR TRANSFEREE**

1. Do you request that this quota share (QS) be included in a **sweep up**, if possible?

YES                                       NO

2. **If YES**, list the QS Group Number from the QS Holder Summary Report into which this new piece should be combined.

\_\_\_\_\_

3. If this is transfer of Catcher Vessel Western Alaska Community Development Quota (CDQ) Compensation QS and the vessel category has never been declared, check the one Catcher Vessel Category in which you would like to have your QS issued:

**Category D**                                       **Category C**                                       **Category B**  
(0 ft to 35 ft length overall (LOA))                                      (36 ft to 60 ft LOA)                                      (greater than 60 ft LOA)

**BLOCK D - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED**  
*Complete Block D if QS and IFQ are to be transferred together or if you want to transfer QS only*

1. Species <input type="checkbox"/> Halibut or  <input type="checkbox"/> Sablefish	2. IFQ Regulatory Area:	3. Vessel Category:	4. Number of QS Units to be Transferred:
5. Transferor IFQ Permit Number:	6. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):		
7. Do you want all remaining pounds for the current fishing year transferred?  <p style="text-align: center;">                     YES <input type="checkbox"/>                      NO <input type="checkbox"/> </p> <p><b>If NO</b>, specify the number of pounds to be transferred: _____</p> <p style="margin-left: 40px;">                     Pounds transferred include a pro-rata share of <b>ANY OVERAGE</b> based on the QS units held or transferred and is non-negotiable.                      Pounds transferred include a pro-rata share of <b>ANY UNDERAGE</b> based on the QS held and transferred <i>UNLESS OTHERWISE INSTRUCTED</i>.                 </p>			

<b>BLOCK E - TRANSFER OF IFQ ONLY</b>		
<i>Complete Block E if you want to Transfer IFQ Only (Applies only to Category "A" &amp; Surviving Spouse IFQ)</i>		
1. Species [ ] Halibut or  [ ] Sablefish	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_____

**REQUIRED SUPPLEMENTAL INFORMATION**  
**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU PROVIDE THE**  
**FOLLOWING INFORMATION**

**BLOCK F – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Give the price per pound (including leases) \$ \_\_\_\_\_ / # IFQ (Price divided by IFQ pounds including fees)

Give the price per unit of QS \$ \_\_\_\_\_ / Unit of QS (Price divided by QS Units)

2. What is the **total amount** paid for the QS/IFQ in this transaction, including all fees? \_\_\_\_\_

3. What are your reasons for transferring the QS/IFQ? (check all that apply)

- Retirement from Fisheries       Shares Too Small to Fish       Enter other Fisheries  
 Pursue Non-Fishing Activities       Trading Shares  
 Health Problems       Consolidation of Shares       Other (explain):

4. Is there a broker being used for this transaction?

YES

NO

If YES, how much is being paid in brokerage fees? \$ \_\_\_\_\_ or \_\_\_\_\_ % of total price.

**BLOCK G – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION**

1. Will the QS/IFQ being purchased have a lien attached?      YES       NO

If YES, name of lien holder: \_\_\_\_\_

2. What is the primary source of financing for this transfer (check one)?

- Personal Resources (cash)       AK Com. Fish & Ag. Bank       Received as a Gift  
 Private Bank/Credit Union       Transferor/Seller       NMFS Loan Program  
 Alaska Dept. Of Commerce       Other (explain): \_\_\_\_\_  
 Processor/Fishing Company

3. How was the QS/IFQ located (check all that apply)?

- Relative       Advertisement / Public Notice       Broker  
 Personal Friend       Other (explain): \_\_\_\_\_

4. What is the Buyer's relationship to the QS/IFQ Holder (check all that apply)?

- Unrelated       Family Member       Business Partner       Friend  
 Other (explain): \_\_\_\_\_

5. Is there an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale?

YES

NO

If YES, please explain: \_\_\_\_\_

**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.

<b>BLOCK H – CERTIFICATION OF TRANSFEROR</b>	
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 (If representative, <b>attach</b> authorization)	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

<b>BLOCK I – CERTIFICATION OF TRANSFEREE</b>	
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 Transferee or Authorized Representative:	2. Date:
3. Printed Name Transferee or Authorized Representative (If representative, <b>attach</b> authorization)	
4. Notary Public Signature: <b>ATTEST</b>	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

**INSTRUCTIONS**  
**APPLICATION FOR TRANSFER OF QS/IFQ**

Any person who received Quota Share/Individual Fishing Quota (QS/IFQ) as an Initial Issue or who holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. A transferee that does not have a TEC will need to contact RAM for instructions on eligibility procedures and a TEC application form.

An Application for Transfer of QS/IFQ must be approved by the NMFS Regional Administrator before a person may use IFQ that results from a direct transfer to harvest IFQ halibut or IFQ sablefish.

IFQ resulting from category B, C, or D QS may not be transferred separately from its originating QS, except as provided in 50 CFR 679.41(k).

The IFQ Program does not permit transfer of QS subject to any conditions of repossession or resale to the transferor except by court order, operation of law, or security agreement.

**GENERAL INFORMATION**

- Please submit a separate application for each proposed QS or IFQ transfer.
- Complete the entire application, and include all attachments; failure to do so could result in delays in the processing of your application.
- Please insure that signatures on the application are original and are notarized. RAM will not process an application that does not bear original signatures (faxed applications will be returned). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress). The Notary Public cannot be the person(s) submitting this application.

**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.

**If you want to apply for a “self sweep-up,” please use the *Self Sweep-Up Form*.**

Submit the original application -- an application sent by fax will **not** be processed.

When completed, submit the original application

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

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

**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 additional information:

**Call RAM:** (800) 304-4846 (#2) or (907) 586-7202 (#2)

**E-Mail Address:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

**Web Site:** <https://alaskafisheries.noaa.gov/fisheries-applications>

### ***COMPLETING THE APPLICATION***

Indicate whether the Transferee (Buyer) holds a Transfer Eligibility Certificate (TEC).

#### **CHECKLIST**

Use the checklist to ensure your application is complete. Incomplete applications will not be processed.

#### **BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)**

1. 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.
4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.
- 5-7. Business Telephone Number, Business Fax Number, and Business E-mail address.

#### **BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER)**

1. 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.
4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.
- 5-7. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

#### **BLOCK C – QS QUESTIONS FOR TRANSFEREE**

1. Indicate if you wish to combine (“sweep up”) the transferred block together with a block you already hold. Blocked QS’s may be swept up into one block if the total amount of QS being combined is less than or equal to the following amounts of QS units per area.



Halibut		Sablefish	
Area	Units	Area	Units
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

2. QS Group Number

3. If this is a transfer of Catcher Vessel Western Alaska Community Development Quota (CDQ) compensation QS, there is a **one time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred. CDQ compensation QS is QS issued as compensation for halibut and sablefish harvest privileges foregone due to the CDQ Program

Persons issued CDQ compensation QS in a catcher vessel category and in an IFQ regulatory area in which they do not hold QS other than CDQ compensation QS, may use that CDQ compensation QS on any catcher vessel. This exemption from catcher vessel categories ends upon the first transfer of the CDQ compensation QS. CDQ compensation QS being transferred will be permanently assigned to a specific catcher vessel category as designated by the person receiving the transfer.

#### **BLOCK D - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED**

**This block should only be completed if you are transferring QS and the IFQ resulting from these shares.** Persons wishing to transfer IFQ only (Category “A” shares, lease), should fill out Block E.

1. Species: halibut or sablefish
2. IFQ Regulatory Area
3. Vessel Category
4. Number of units to be transferred
5. Transferor IFQ permit number
6. Starting and ending serial number of shares to be transferred  
[For example, **H-2C-C-B-123,456** THROUGH **H-2C-C-B-789,493**]
7. A **specific number of pounds** must be indicated for each transfer. A pro-rata amount of IFQ (**overage pounds**) will be debited from any IFQ transferred based on the QS unit held or transferred. The current QS holder may retain **underage pounds**. However, unless otherwise specified, the underage associated with the QS will be transferred. Please indicate your specific intention.

## **BLOCK E - TRANSFER OF IFQ ONLY**

Complete this box if IFQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares. Only Category "A" or those shares received as a Surviving Spouse under the provisions in 50 CFR 679 may be transferred in this manner.

1. Species: halibut or sablefish
2. IFQ Regulatory Area
3. Number of units to be transferred
4. Starting serial number to the ending serial number of shares to be transferred
5. Specific number of pounds being transferred
6. Transferor's IFQ permit number
7. The fishing year is the current year or year in which IFQ should be transferred. A transfer of IFQ only cannot be completed until the IFQ has been awarded for that year.

## **BLOCK F - REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION**

1. The price per pound of IFQ must be entered, including IFQs **only** "leased". (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units **or** the number of IFQ pounds being transferred.)
2. The total amount entered should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.
3. Please check all boxes that apply to this transaction.
4. Are you paying a third party to assist with this transaction?  
**If NO**, go to question #2.  
**If YES**, put the total price paid to the broker or calculate how much was paid to the third party as a percentage of the total sale price. (The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ, then multiply the result by 100.)

## **BLOCK G - REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION**

1. Indicate whether the QS/IFQ will have a lien attached (used as collateral).  
**If YES**, provide the name of the lien holder. This name will appear on the QS Certificate.
2. Indicate the primary source of financing for this transfer (check one).
3. Explain how the QS/IFQ was located (check all that apply).
4. Indicate Transferee's relationship to the QS/IFQ holder (check all that apply).
5. Indicate whether there is an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale. **If YES**, please explain.

**BLOCK H – CERTIFICATION OF TRANSFEROR**

Printed name and signature of Transferor and date signed  
If authorized representative, **attach** authorization  
Public Notary signature, commission expiration date, and seal

**BLOCK I – CERTIFICATION OF TRANSFEREE**

Printed name and signature of Transferor and date signed  
If authorized representative, **attach** authorization  
Public Notary signature, commission expiration date, and seal

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting for this collection of information is estimated to average 2.0 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, 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.

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