Created: 10/23/2015 OMB Control No. 0648-0353 Expiration Date 04/30/2017

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| C:\Users\pbearden\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\92F8HUAM\tiny_tags[1].jpg | REQUEST FOR IFQ SABLEFISH  POT GEAR TAGS | | | United States Department of Commerce  National Marine Fisheries Service (NMFS)  Restricted Access Management (RAM)  P.O. Box 21668  Juneau, Alaska 99802-1668  Telephone: (800) 304-4846 toll free or  (907) 586-7202 Juneau  Fax: (907) 586-7354 | | http://home.nmfs.noaa.gov/ocioweb/webguide/cdprint/images/logo-noaa.gif |
| Use this form only to request “new” tags. | | | | | | |
| ***Block A – Vessel Owner Information*** | | | | | | |
| 1. Name: | | | 2. NMFS ID: | | | |
| 3. Business Mailing Address: [\_] Permanent [\_] Temporary | | | | | | |
| 4. Business Telephone No. | | 5. Business Fax No. | | | 6. Business E-Mail Address: | |

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| ***Block B -- Vessel Identification***  *Identify the vessel to which tags will be assigned and the number of tags requested by area* | | | | | |
| 1. Vessel Name: | | 2. USCG Official Number | | 3. ADF&G Registration Number | |
| 4. Number of Sablefish Pot Gear Tags Requested by Area: | | | | | |
| WY (maximum tags = 120) | WG (maximum tags = 300) | | SE (maximum tags = 120) | | CG (maximum tags = 300) |
| ***Block C – Vessel Owner Signature*** | | | | | |
| Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief. | | | | | |
| Vessel Owner Name (print) | | Vessel Owner Signature | | Date Signed | |

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| INSTRUCTIONS  **REQUEST FOR IFQ SABLEFISH POT GEAR TAGS** |

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

Please allow at least 10 working days for your application to be processed.

A completed application may be submitted to NMFS:

By mail: NMFS, Alaska Region

Restricted Access Management (RAM)

PO BOX 21668

Juneau, AK 99802

By fax: (907)586-7354

In person: U.S. Federal Building

NOAA, NMFS Alaska Region

RAM

709 W. 9th Street, Room 713

Juneau, AK 99801

BLOCK A-VESSEL OWNER INFORMATION

1. Vessel Owner Name. Enter the full Name(s) of owner of the Vessel listed in Block B

2. NMFS ID. Enter your assigned NMFS ID, if you do not have one, one will be assigned to you

3. Business Mailing Address: Indicate whether address is permanent or temporary. Enter your complete business mailing address, including street or P.O. Box, city, state, and zip code. Your pot tags will be sent to this address, unless otherwise notified.

4-6. Business Telephone No., Fax No., and e-mail Address. Enter the business telephone number and business fax number including area code,, and business e-mail address (if available) that are used by the vessel owner. It is very important that you provide a number where we can contact you, or where we can leave messages for you. If questions arise concerning your application, and we are unable to contact you, issuance of your pot tags will be delayed.

BLOCK B-VESSEL IDENTIFICATION

1. Enter the complete vessel name as displayed in the official documentation.

2. Enter the USCG Official Documentation Number

3. Enter State of Alaska, Department of Fish and Game (ADF&G)

BLOCK C – VESSEL OWNER SIGNATURE

The owner or authorized representative must print name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The application will be considered incomplete without this signature. If authorized representative, send complete authorization.

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including 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 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. 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).

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