
	Request For Approval AS AN ENTITY ELIGIBLE TO RECEIVE TRANSFERABLE CHINOOK SALMON PSC ALLOCATION	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 Fax: 907-586-7131 Telephone: 907-586-7228</p> 
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Deadline. *An application form and contract must be received by NMFS no later than 1700 hours, A.l.t., on October 1 of the year prior to the year for which the Chinook salmon PSC allocations are effective.*

REQUIRED ATTACHMENTS

- ♦ **AFFIDAVIT** affirming that each eligible vessel owner, from whom the applicant received written notification requesting to join the sector entity, has been allowed to join the sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity
 - ♦ **CONTRACT** containing the following information:
 - (1) Information that documents that all vessel owners party to the contract agree that the entity, the entity's representative, and the entity's agent for service of process named in the application form represent them for purposes of receiving transferable Chinook salmon PSC allocations.
 - (2) A statement that the entity's representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract.
 - (3) Signatures, printed names, and date of signature for the owners of each AFA-permitted vessel identified in the application form.
- Once submitted, the contract is valid until amended or terminated by the parties to the contract.***

BLOCK A – CONTACT INFORMATION

1. Name of Entity:			2. NMFS Person ID:		
3. Name of Entity’s Representative			4. Name of Agent for Service of Process <i>(if different from representative)</i>		
5. Business Mailing Address Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary					
6. Business Telephone Number:		7. Business Fax Number:		8. Business E-mail address:	

BLOCK B – VESSEL IDENTIFICATION

For each AFA permitted vessel that the entity will represent, provide the following information. *Attach additional sheet if necessary.*

Name of Vessel	ADF&G No.	Federal Fisheries Permit No.

BLOCK C – AFFIRMATION

(Check this box)

I claim, swear, and affirm that each eligible vessel owner, from whom I received written notification, requesting to join this sector entity has been allowed to join this sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity.

BLOCK D – CERTIFICATION

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

Printed Name of Representative:	Signature of Representative:	Date Signed:
Printed Name of Agent for Service of Process (if applicable):	Signature of Agent:	Date Signed:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 8 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.*) as amended in 2006; 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.

Instructions
**REQUEST FOR APPROVAL
AS AN ENTITY ELIGIBLE TO RECEIVE
TRANSFERABLE CHINOOK SALMON PSC ALLOCATION**

Each year, NMFS will allocate to American Fisheries Act (AFA) sectors a portion of the Chinook salmon prohibited species catch (PSC) limit per 50 CFR 679.21(f).

A representative of an entity representing the catcher/processor sector or the mothership sector may request approval by NMFS to receive transferable Chinook salmon PSC allocations on behalf of the members of the sector.

GENERAL INFORMATION

An authorization contract containing the following information must be attached to this application:

- ◆ **AFFIDAVIT** affirming that each eligible vessel owner, from whom the applicant received written notification requesting to join the sector entity, has been allowed to join the sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity
- ◆ **CONTRACT** containing the following information:
 - (1) Information that documents that all vessel owners party to the contract agree that the entity, the entity's representative, and the entity's agent for service of process named in the application form represent them for purposes of receiving transferable Chinook salmon PSC allocations.
 - (2) A statement that the entity's representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract.
 - (3) Signatures, printed names, and date of signature for the owners of each AFA-permitted vessel identified in the application form.

Once submitted, the contract is valid until amended or revoked by the parties to the contract.

Deadline. An application form and contract must be received by NMFS no later than 1700 hours, A.l.t., on **October 1** of the year prior to the year for which the Chinook salmon PSC allocations are effective.

Deadline: Additions or deletions to the vessel owners party to the contract or the list of vessels represented by the entity must be received by **December 1**.

Amendments to the sector entity contract.

An amendment to sector entity contract, with no change in entity participants, may be submitted to NMFS at any time and is effective upon written notification of approval by NMFS to the entity representative.

To amend a contract, the entity representative must submit a complete application.

Report forms are available on the NMFS Alaska Region website at <http://alaskafisheries.noaa.gov> (select Permits, Reports, Licensing), or by contacting NMFS at (800) 304-4846, Option 2.

If you have any questions, or if you need any assistance in completing the application, please call NMFS Sustainable Fisheries at **907-586-7228**.

Retain a copy of completed application for your records.

When complete, submit to NMFS:

- ◆ by mail to: Administrator, Alaska Region, NMFS
Attn: NMFS Sustainable Fisheries
P.O. Box 21668
Juneau, AK 99802-1668
- ◆ by fax to: (907)586-7354

COMPLETING THE APPLICATION

BLOCK A – CONTACT INFORMATION

1. Name of Entity: Legibly print or type the name of the entity requesting transfer.
2. NMFS Person ID. NMFS will assign this number, if necessary.
3. Name of Entity’s Representative. Name of representative of entity.
4. Name of Agent for Service of Process, if different from representative.
5. Business Mailing Address:
Indicate if permanent or temporary
P.O Box number or street, city, state, and zip code
If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
6. Business Telephone Number, including area code.
7. Business Fax Number, including area code.
8. Business E-mail address.

BLOCK B – VESSEL INFORMATION

For each AFA permitted vessel that the entity will represent, provide the following information. **Attach** additional sheet if necessary.

1. Vessel Name
2. Alaska Department of Fish and Game (ADF&G) Vessel Registration Number of vessel
3. Federal Fisheries Permit (FFP) Number of vessel

BLOCK C – AFFIRMATION

Check this box to affirm that each eligible vessel owner, from whom I received written notification, requesting to join this sector entity has been allowed to join this sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity.

BLOCK D – CERTIFICATION

1. Enter printed name and signature of the Representative, and date signed.
2. Enter printed name and signature of Agent for Service of Process, and date signed.