

Signed: _

Dated: _____

(Sector Manager)

2014 APPLICATION TO TRANSFER OR CONVERT ANNUAL CATCH ENTITLEMENT (ACE)

Provide all information requested

SUBMIT TO
NE MULTISPECIES ACE TRANSFER PROGRAM
US DEPARTMENT OF COMMERCE, NOAA
NATIONAL MARINE FISHERIES SERVICE
55 GREAT REPUBLIC DRIVE, GLOUCESTER, MA 01930

ACE TRANSFERS BETWEEN SECTORS Sector Receiving ACE: Sector Transferring ACE: Sector Name: _____ Sector Name: Amount (in pounds) of ACE to be transferred, by stock: _____ : American Plaice : Eastern GB Cod ____: Western GB Cod : Witch Flounder : GOM Cod : GB Winter Flounder : GOM Winter Flounder ____: Eastern GB Haddock : Western GB Haddock : SNE/MA Winter Flounder _____: GOM Haddock ____: Redfish : GB Yellowtail Flounder ____: White Hake : SNE/MA Yellowtail Flounder : Pollock : CC/GOM Yellowtail Flounder **Total Price Paid for ACE Transfer:** Signed: Signed: (Transferring Sector Manager) (Receiving Sector Manager) Dated: _____ Dated: **ACE CONVERSION WITHIN A SECTOR** Sector Name: _____ Amount (in pounds) of Eastern GB Haddock ACE to be converted to Western GB Haddock ACE -OR-**Eastern GB Cod ACE to be converted to Western GB Cod ACE:** : Eastern GB Haddock to Western GB Haddock : Eastern GB Cod to Western GB Cod

Applications must be received by close of business April 30, 2016.

ACE may be transferred/converted only through the end of the current fishing year and two weeks after the fishing year ends and must be used in accordance with the regulations at 50 CFR 648.87(b)(1)(viii). Please see a summary of conditions and restrictions on the reverse side of this form.

NOTE: If the sector's ACE is exceeded, the sector must cease operations in that stock area until it can acquire additional ACE through a transfer to balance the catch. A sector can resume fishing in the stock area if it acquires more ACE.

This form is required to obtain approval for the transferring of ACE under 50 CFR 648.87(b)(1)(viii) and to monitor ACE allocation and usage for each sector. Signature of this form certifies that sectors comply with limited access permit requirements specified in 50 CFR 648.4, and that the information provided on this form is true, complete and correct to the best of their knowledge, and made in good faith (18 U.S.C. 1001). Making a false statement on this form is punishable by law.

Notwithstanding any other provision of the 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.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden estimate or any other aspect of this collection of information to NMFS, 55 Great Republic Drive, Gloucester MA 01930.

OMB Approval No. 0648-0605 Expires 01/31/2019