

# Request to Transfer Tilefish IFQ Allocation



United States Department of Commerce  
 National Oceanic and Atmospheric Administration  
 National Marine Fisheries Service  
 Greater Atlantic Regional Fisheries Office  
 55 Great Republic Drive  
 Gloucester, MA 01930

This form must be used to request a temporary lease or permanent transfer of Tilefish IFQ between two persons or entities that are permanent U.S. citizens or permanent resident aliens, or corporations eligible to own a U.S. Coast Guard documented vessel, as long as they meet the requirements under the MSA. Those entities who have an ownership interest in a Tilefish IFQ Allocation Permit are defined as and include, but are not limited to, individuals, corporations, partnerships, LLCs, persons who are shareholders in a corporation, persons who have formed a partnership (general or limited), and any other entities that have ownership interest in a Tilefish IFQ Allocation Permit. An eligible entity may not obtain more than 49% of the overall tilefish IFQ. Written approval or disapproval of the request will be provided within 30 days of receipt of this form. See attached regulations and restrictions regarding the Tilefish IFQ Leasing and Transfer Program.

## Section 1

Check which type of transfer you are requesting:

<input type="checkbox"/> Permanent IFQ Allocation Transfer	<input type="checkbox"/> Temporary IFQ Allocation Transfer
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## Section 2

Transferor (Seller)	
Name, Address, Phone #:	IFQ Allocation Permit Number:
Quota to be Transferred in Pounds:	Price Paid for the Transfer: \$

## Section 3

Transferee (Buyer)	
Name, Address, Phone #:	*IFQ Allocation Permit Number:
List of IFQ Allocation Permit numbers in which an interest is held. If more space is needed, please use the bottom of the second page of this form:	<b>* If an IFQ Allocation Permit number has not been issued, Section 4 of this form must be completed. NMFS will issue an IFQ Allocation permit number upon receipt of the completed application.</b>
1.	2.
3.	4.
5.	6.
7.	8.

**Section 4**

Name:	
Vessel (if applicable):	
Street:	
City/ State/ Zip:	
Telephone:	
<input type="checkbox"/>	U.S. citizen requirement. By checking this box you are indicating that you are eligible to own a documented vessel under the terms of 46 U.S.C. 12102(a) and are able to provide documentation attesting to such eligibility if requested by NMFS.

**Section 5**

Signature of Transferor or Authorized Agent:	Signature of Transferee or Authorized Agent:
Date:	Date:

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate to: NMFS, One Blackburn Drive, Gloucester, MA 01930. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

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