

**Application for
Inter-Cooperative Transfer of
Rockfish Cooperative Quota (CQ)**

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



Application must be submitted online at: <https://alaskafisheries.noaa.gov/webapps/efish/login>

BLOCK A -- IDENTIFICATION OF TRANSFEROR

Applicant must be a U.S. corporation, partnership, association, or other non-individual business entity.

1. Name of Rockfish Transferor		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone No.	7. Business fax No.	8. E-mail address

BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR

1. Name of Transferor's Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone number	7. Business Fax number	8. E-mail address

BLOCK C -- IDENTIFICATION OF TRANSFEREE

1. Name of Rockfish Transferee		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone No.	7. Business fax No.	8. E-mail address

BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR

1. Name of Transferee's Processor		2. NMFS person ID
3. Name of designated representative		
4. Permanent business mailing address		5. Temporary business mailing address (if applicable)
6. Business telephone number	7. Business Fax number	8. E-mail address

**BLOCK E¹ – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ)
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)
(To Be Completed By Transferor)**

Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred. Distribute the CQ identified in Block E¹ to cooperative members in Block E².

Duplicate this page as necessary.

Type of CQ (Primary, Secondary, Halibut PSC)	Species to be Transferred	Amount (in mt)

**BLOCK E² – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)**

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

BLOCK F¹ -- CERTIFICATION OF TRANSFEROR

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Transferor's Designated Representative	2. Date
3. Printed Name of Transferor's Designated Representative; attach authorization	

BLOCK F² -- CERTIFICATION OF TRANSFEROR'S PROCESSOR

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Eligible Rockfish Processor (associated with Cooperative)	2. Date
3. Printed Name of Eligible Rockfish Processor	

BLOCK G¹ -- CERTIFICATION OF TRANSFEREE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	

BLOCK G² -- CERTIFICATION OF TRANSFEREE'S PROCESSOR

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Eligible Rockfish Processor (associated with Cooperative)	2. Date
3. Printed Name of Eligible Rockfish Processor	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes 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 the 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.*); 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.

INSTRUCTIONS
Application for Inter-Cooperative Transfer
Rockfish Fishery

Application must be submitted online at: <https://alaskafisheries.noaa.gov/webapps/efish/login>

GENERAL INFORMATION

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative.

1A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. 1Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

Transfer of an annual catch amount is only valid during the calendar year of the transfer.

Additional information is available from RAM, as follows:

Website: <http://www.alaskafisheries.noaa.gov/ram/default.htm>

Telephone (toll free): 800-304-4846 (press “2”)

Telephone (in Juneau): 907-586-7202 (press “2”)

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE APPLICATION

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS.

BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

BLOCK B -- IDENTIFICATION OF TRANSFEROR'S ELIGIBLE ROCKFISH PROCESSOR.

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

BLOCK C -- IDENTIFICATION OF TRANSFEREE (SELLER)

1. Name and NMFS Person ID
2. Name of designated representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes
7. Business e-mail address

BLOCK D -- IDENTIFICATION OF TRANSFEREE'S ELIGIBLE ROCKFISH PROCESSOR.

1. Name and NMFS Person ID
2. Name of authorized representative
- 3-4. Permanent business mailing address, including P.O.Box or street address, city, state, and zip code
A temporary mailing address may be included (if applicable)
- 5-6. Business telephone number and business fax number, including area codes.
7. Business e-mail address

BLOCK E¹ – IDENTIFICATION OF ROCKFISH COOPERATIVE QUOTA (CQ) TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)

(To Be Completed By Transferor)

Identify the type of CQ (Primary, Secondary, Halibut PSC), species to be transferred, and amount of transfer (in metric tons) Distribute the CQ identified in Block E¹ to cooperative members in Block E². Duplicate this page as necessary.

BLOCK E² – IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER(S)

(To Be Completed By Transferee)

A rockfish cooperative receiving primary rockfish species CQ by transfer must assign that primary rockfish species CQ to a member of the rockfish cooperative for purposes of applying the use caps established under § 679.82(a). Duplicate this page as necessary.

Enter the name of Qualifying Member, NMFS Person ID, species transferred, and amount of CQ transferred.

BLOCK F¹ -- CERTIFICATION OF TRANSFEROR

Enter printed name and signature of transferor, and date signed. If designated representative, **attach** authorization.

BLOCK F² -- CERTIFICATION OF TRANSFEROR'S PROCESSOR

Enter printed name and signature of transferor's processor, and date signed. If designated representative, **attach** authorization.

BLOCK G¹ -- CERTIFICATION OF TRANSFEREE

Enter printed name and signature of transferee, and date signed. If designated representative, **attach** authorization.

BLOCK G² -- CERTIFICATION OF TRANSFEREE'S PROCESSOR

Enter printed name and signature of transferee's processor, and date signed. If designated representative, **attach** authorization.