

A80

**Application For
INTER-COOPERATIVE
TRANSFER OF AMENDMENT 80
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 / 586-7202 in Juneau
(907) 586-7354 fax



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

BLOCK A – TRANSFEROR INFORMATION		
1. Name of Transferor:		2. NMFS Person ID:
3. Name of Designated Representative:		
4. Business Mailing Address; indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. Business e-mail Address:
8. Has transferor submitted a timely and complete an EDR (retitled in 2016 as Trawl Catcher/Processor Economic Data Report), if required to do so under § 679.94?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		

BLOCK B – TRANSFEREE INFORMATION		
1. Name of Transferee:		2. NMFS Person ID:
3. Name of Designated Representative:		
4. Business Mailing Address; indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. Business e-mail Address:
8. Has transferor submitted a timely and complete an EDR (retitled in 2016 as Trawl Catcher/Processor Economic Data Report), if required to do so under § 679.94?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		

**BLOCK C¹ – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)
(To Be Completed By Transferor)**

If Transfer Application is for more CQ than the space provided, **duplicate this page** as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C¹ to cooperative members in Block C².

Amendment 80 Species CQ		Amendment 80 PSC CQ		Number of QS units
Type of CQ (Area/Species)	Amount (mt)	Type of PSC (Area/Species)	Amount (mt)	

**BLOCK C² – IDENTIFICATION OF COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)**

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. **Duplicate this page** as necessary.

1. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
7. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
8. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:

**BLOCK C¹ – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)
(To Be Completed By Transferor)**

If Transfer Application is for more CQ than the space provided, **duplicate this page** as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C¹ to cooperative members in Block C².

Amendment 80 Species CQ		Amendment 80 PSC CQ		Number of QS units
Type of CQ (Area/Species)	Amount (mt)	Type of PSC (Area/Species)	Amount (mt)	

**BLOCK C² – IDENTIFICATION OF COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)**

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. **Duplicate this page** as necessary.

1. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
7. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
8. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:

BLOCK D – CERTIFICATION OF TRANSFEROR (SELLER)

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

1. Signature of Transferor Designated Representative:

2. Date:

3. Printed Name of Transferor Designated Representative; attach authorization:

BLOCK E – CERTIFICATION OF TRANSFEREE (BUYER)

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

1. Signature of Transferee Designated Representative:

2. Date:

3. Printed Name of Transferee Designated Representative; attach authorization:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 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 by Public Law 109-479; 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 for
APPLICATION FOR INTER-COOPERATIVE
TRANSFER OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)**

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS.

An Amendment 80 cooperative may transfer all or part of its CQ to another Amendment 80 cooperative. Amendment 80 cooperatives may transfer CQ during a calendar year with the following restrictions:

- ◆ An Amendment 80 cooperative may only **transfer** CQ to another Amendment 80 cooperative;
- ◆ An Amendment 80 cooperative may only **receive** CQ from another Amendment 80 cooperative;
- ◆ An Amendment 80 cooperative receiving Amendment 80 species CQ by transfer must assign that Amendment 80 species CQ to a member(s) of the Amendment 80 cooperative for the purposes of use caps calculation as established under § 679.92(a); and

This application cannot be processed or approved unless all parties to the proposed transfer (including the proposed transferor, the proposed transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the Amendment 80 Program.

Any person who held an Amendment 80 CQ permit during a calendar year must submit to NMFS an Economic Data Report (EDR) for that calendar year for each Amendment 80 CQ permit held by that person (see § 679.94).

The Amendment 80 EDR is renamed in 2016 as Trawl Catcher/Processor Economic Data Report. Pacific States Marine Fisheries Commission (PSMFC) has been designated by NMFS to be the Data Collection Agent (DCA) for the Amendment 80 EDR program. PSMFC mails EDR announcements and filing instructions to Amendment 80 QS permit holders by April 1. You may also use the web based EDR form or download the EDR form in fillable PDF format. To request that a printed EDR be mailed to you, please call 1-877-741-8913, or email your request to edr@psmfc.org.

NOTE that the Amendment 80 regulations published at 50 CFR 679.94 direct EDR submitters to mail or fax completed EDR forms to the Alaska Fisheries Science Center. The updated submission address and fax number are listed below:

Pacific States Marine Fisheries Commission
NMFS Economic Data Reports
205 SE Spokane St., Suite 100
Portland, OR 97202

PH: (877) 741-8913
FX: (503) 595-3450
Email: am80edr@psmfc.org

EDR forms are available through the Internet on the NMFS Alaska Region Web site at <http://www.alaskafisheries.noaa.gov>.

Deadline: A completed EDR must be received by NMFS no later than 1700 hours A.l.t. on **June 1** of the year following the calendar year during which the Amendment 80 CQ permit was held, or if sent by U.S. mail, postmarked by that date.

ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

Please allow up to ten working days for a transfer application to be reviewed, processed, and approved.

- ◆ When application is complete:

Mail to: **NMFS Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668**

Fax to: **907-586-7354**

Online: **<https://alaskafisheries.noaa.gov/webapps/efish/login>**

Or, deliver to: **709 W 9th Street, Rm 713**

Applications may be faxed to RAM; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

Items will be sent by first class mail, unless you provide alternate instructions **and** include a prepaid mailer with appropriate postage or corporate account number for express delivery.

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR INFORMATION

- 1-2. Name and NMFS Person ID of Transferor
3. Name of Amendment 80 Cooperative's designated representative
- 4-5. Business mailing address; indicate whether permanent or temporary
- 6-8. Business telephone number, business fax number, and e-mail address

BLOCK B – TRANSFEREE INFORMATION

- 1-2. Name and NMFS Person ID of Transferee
3. Name of Amendment 80 Cooperative's designated representative
- 4-5. Business mailing address; indicate whether permanent or temporary
- 6-8. Business telephone number, business fax number, and e-mail address

BLOCK C¹ – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)

TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S) *(To Be Completed By Transferor)*

If Transfer Application is for more CQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C1 to cooperative members in Block C².

1. For each Amendment 80 species, enter:
Type (area/species) of CQ

Amount (mt) of CQ
Number of CQ units

2. For each Amendment 80 PSC species, enter:
Type (area/species) of CQ
Amount (mt) of CQ
Number of CQ units

BLOCK C² – IDENTIFICATION OF COOPERATIVE MEMBER(S) *(To Be Completed By Transferee)*

The Transferee's Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

For each qualifying member, enter

Name (print)
NMFS Person ID
Species
Amount of CQ

BLOCK D – CERTIFICATION OF TRANSFEROR

Printed name and signature of Transferor Designated Representative and date signed.

BLOCK E – CERTIFICATION OF TRANSFEREE

Printed name and signature of Transferee Designated Representative and date signed.