Revised: 02/16/2016 OMB Control No. 0648-0272 Expiration Date: 03/31/2018

|  |  |  |
| --- | --- | --- |
|  | **APPLICATION FOR****TRANSFER OF QS/IFQ BY**SELF SWEEP-UP | U.S. Dept. of Commerce/NOAANational Marine Fisheries Service (NMFS)Restricted Access Management (RAM) http://home.nmfs.noaa.gov/ocioweb/webguide/cdprint/images/logo-noaa.gif P.O. Box 21668Juneau, AK 99802-1668(800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax |

To complete a **Self Sweep-Up** (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form. In the space provided, identify the blocks of Quota Share (QS) you wish to combine. To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits**.

**Attach the QS Holder Summary Report**

|  |
| --- |
| ***SWEEP UP LIMITS*** |
|  **Halibut**  **Area** 2C  3A  3B  4A  4B  4C  4D  |  **Quota Share** **Units** 33,320 46,520 44,193 22,947 15,087 30,930 26,082 |  **Sablefish** **Area** SE WY CG WG AI BS | **Quota Share****Units** 33,270 43,390 46,055 48,410 99,210 91,275 |

|  |
| --- |
| ***BLOCK A - APPLICANT INFORMATION***  |
| 1. Name *(full name):* | 2. NMFS Person ID: |
| 3. Date of Birth: |
| 4. Business Mailing Address: [ ] Permanent [ ] Temporary |
| 5. Business Telephone No.: | 6. Business Fax No.: | 7. E-mail address: |

|  |
| --- |
| ***BLOCK B - FIRST QUOTA SHARE BLOCK***  |
| 1. Species Halibut [ ] or Sablefish [ ] | 2. IFQ Regulatory Area: |
| 3. Vessel Category: | 4. Number of QS Units to be Swept up: |
| 5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report): |
| ***BLOCK C - SECOND QUOTA SHARE BLOCK*** |
| 1. Species Halibut [ ] or Sablefish [ ] | 2. IFQ Regulatory Area: |
| 3. Vessel Category: | 4. Number of QS Units to be Swept up: |
| 5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report): |

|  |
| --- |
| ***BLOCK D - CERTIFICATION OF NOTARY AND APPLICANT*** |
| *I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.*  |
| 1. Signature of QS holder or Authorized Representative: | 2. Date: |
| 3. Printed Name of QS Holder or Authorized Representative (If completed by an authorized representative, **attach** authorization): |
| 4. Notary Public (Signature): **ATTEST** | 6. Affix Notary Stamp or Seal Here: |
| 5. Commission Expires: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the instructions, searching 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 99801.

***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 TRANSFER OF QS/IFQ** **BY SELF SWEEP-UP** |

Use this **"Self Sweep-Up"** transfer form to combine two blocks that you currently hold.

**NOTE:** To be combined, quota share (QS) must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits**.

A **Quota Share Holder Summary Report** is a report that shows all Quota Share holdings of a person. It is provided by NMFS any time that a transfer occurs. A person can obtain a copy by submitting a written request to NMFS, Restricted Access Management Program (RAM). A person may also print a copy of their Quota Share Holder Summary Report through the NMFS on-line service account at: <https://alaskafisheries.noaa.gov/webapps/ifqaccounts/Login>.

To access this secure website you must use your NMFS ID and password. Your NMFS ID and/or password can be obtained by contacting RAM in writing.

**Attach the QS Holder Summary Report** and submit by U.S. mail or courier with completed application. Application forms submitted to RAM must bear the original signatures of the parties — RAM will not process faxed applications.

Submit to RAM at:

 **NMFS Alaska Region**

 **Restricted Access Management (RAM)**

 **P.O. Box 21668**

 **Juneau, AK 99802-1668**

**Please allow at least ten working days for your application to be processed.** 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.

NOTE: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.

If you need additional information:

**Call RAM: (800) 304-4846 (#2) or (907) 586-7202 (#2)**

**E-Mail Address:** **RAM.Alaska@noaa.gov**

**Web Site: https://alaskafisheries.noaa.gov/fisheries-applications**

***COMPLETING THE APPLICATION***

**BLOCK A - APPLICANT INFORMATION**

 1. Full name

 2. NMFS Person ID

 3. Date of Birth

 4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.

 5-7. Business Telephone Number, Fax Number, and E-mail Address

**BLOCK B - FIRST QUOTA SHARE BLOCK**

 1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish

 2. IFQ Regulatory Area

 3. Vessel Category

 4. Number of QS Units to be Swept up

 5. Starting and ending serial number of shares to be transferred

 [For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

**BLOCK C -- SECOND QUOTA SHARE BLOCK**

 1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish

 2. IFQ Regulatory Area

 3. Vessel Category

 4. Number of QS Units to be Swept up

 5. Starting and ending serial number of shares to be transferred

 [For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

**BLOCK D - CERTIFICATION OF NOTARY AND APPLICANT**

 1. Sign and print your name and date the application in the presence of a Notary Public.

 2. Representatives signing for an Applicant must submit proof of authorization to submit this application

 on their behalf.

 3. A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.