
	<p><b>Application for Medical Transfer of IFQ</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 800-304-4846 toll free 907-586-7202 in Juneau 907 586-7354 fax</p>	
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**A medical transfer remains in effect only for the calendar year of the transfer.**

**NOTES:**

- ◆ **NMFS will not approve a medical transfer of Individual Fishing Quota (IFQ) if the applicant has received a medical transfer in any 2 of the previous 5 years for the same medical condition.**
- ◆ **Block F must be completed and signed by a Licensed Medical Doctor, Advanced Nurse Practitioner, or Primary Community Health Aide. Regulations do not authorize acceptance of a medical declaration from any other medical providers.**
- ◆ **Attach a copy of the Transferors IFQ permit(s).**
- ◆ **A separate complete application must be submitted for each medical transfer. Incomplete applications will not be processed.**
- ◆ **Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application.**

<p>Is the Transferor (medical condition) an initial recipient of Pacific halibut or sablefish quota share who qualifies for a hired master exception under 50 CFR 679.42(i)(1)?</p> <p style="text-align: center;">YES [ <input type="checkbox"/> ]      NO [ <input type="checkbox"/> ]</p> <p style="text-align: center;"><b>If YES, STOP.</b> The Transferor is not eligible for a <b>medical transfer</b>.</p> <p>Does the Transferee (no medical condition) hold a Transfer Eligibility Certificate (TEC)?</p> <p style="text-align: center;">YES [ <input type="checkbox"/> ]      NO [ <input type="checkbox"/> ]</p> <p style="text-align: center;"><b>If NO, STOP.</b> The Transferee is not eligible to receive IFQ by transfer.</p>		
<p><b>BLOCK A – TRANSFEROR <i>INFORMATION</i> (MEDICAL CONDITION)</b></p>		
1. Name:	2. NMFS Person ID:	3. Date of Birth:
4. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone No.:	6. Business Fax No.:	7. e-mail Address:

**BLOCK B – TRANSFEREE (NO MEDICAL CONDITION)**

1. Name:	2. NMFS Person ID:	3. Date of Birth:
4. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail Address:

**BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

*Use a separate line for each Species, IFQ Area and/or IFQ Permit*

1. Halibut [ ] Sablefish [ ]	2. Fishing Year	3. Transferor IFQ Permit Number	4. IFQ Area	5. IFQ Pounds Transferring
1. Halibut [ ] Sablefish [ ]				
1. Halibut [ ] Sablefish [ ]				
1. Halibut [ ] Sablefish [ ]				
1. Halibut [ ] Sablefish [ ]				

**REQUIRED SUPPLEMENTAL INFORMATION**

**Your Application Will Not Be Processed Unless You Provide The Following Information**

**BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Give the price per pound (including leases) \$ _____/pound of IFQ <i>(price divided by IFQ pounds including fees)</i>
2. What is the <b>total amount</b> being paid for the IFQ in this transaction, including all fees? _____

**BLOCK E – TRANSFEREE SUPPLEMENTAL INFORMATION**

1. What is the primary source of financing for this transfer (*check one*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Personal resources (cash) | <input type="checkbox"/> AK Com. Fish & Ag. Bank   | <input type="checkbox"/> Received as a gift       |
| <input type="checkbox"/> Private bank/credit union | <input type="checkbox"/> Transferor/seller         | <input type="checkbox"/> NMFS loan program        |
| <input type="checkbox"/> Alaska Dept. Of Commerce  | <input type="checkbox"/> Processor/fishing company | <input type="checkbox"/> Other ( <i>explain</i> ) |

2. How was the IFQ located (*check all that apply*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Relative        | <input type="checkbox"/> Advertisement/Public Notice | <input type="checkbox"/> Broker                   |
| <input type="checkbox"/> Personal Friend | <input type="checkbox"/> Casual Acquaintance         | <input type="checkbox"/> Other ( <i>explain</i> ) |

3. What is the Transferee's relationship to the IFQ Holder (*check all that apply*)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Relationship | <input type="checkbox"/> Relative      | <input type="checkbox"/> Business Partner         |
| <input type="checkbox"/> Friend          | <input type="checkbox"/> Family Member | <input type="checkbox"/> Other ( <i>explain</i> ) |

**BLOCK F – MEDICAL DECLARATION**

***(may be completed only by a licensed medical doctor, advanced nurse practitioner, or primary community health aide)***

1. Name of Treating Medical Professional:	2. Business Telephone Number:
3. Permanent Business Mailing Address:	4. Type of Medical Professional: <input type="checkbox"/> Licensed Medical Doctor <input type="checkbox"/> Advanced Nurse Practitioner <input type="checkbox"/> Primary Community Health Aide
5. Description of the primary medical condition affecting the applicant or applicant’s family member that prevents participation in the fishery for this calendar year. Please do not list multiple conditions. <i>(Attach documentation of the medical condition and a description of the care required).</i>	
<i>I acknowledge the requirements for receiving a medical transfer and certify that, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The medical condition described above would prevent the applicant from participating in the IFQ fishery or, in the case of a family member, require continuous care that would preclude the applicant’s participation in the IFQ fishery.</i>	
6. Signature of Treating Medical Professional:	7. Date:

**NOTE: This application for transfer must be completed and signed by both parties.  
Failure to have signatures will result in delays in the processing of this application.**

**BLOCK G –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, the information presented here is true, correct, and complete.*

1. Signature of Transferor or Authorized Representative:	2. Date:
3. Printed Name of Transferor or Authorized Representative <i>(If Representative, attach authorization:</i>	

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**BLOCK H – 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, the information presented here is true, correct, and complete.*

1. Signature of Transferee or Authorized Representative:

2. Date:

3. Printed Name of Transferee or Authorized Representative *(If Representative, attach authorization:*

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**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.*); 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.

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**INSTRUCTIONS:**  
**Application for *Medical Transfer* of IFQ**

***Medical Transfers* Remain In Effect only for the Calendar Year of the Transfer**

The requirement of 50 CFR part 679.41(c) for an individual fishing quota (IFQ) permit holder to be aboard the vessel during fishing operations and to sign the IFQ landing report *may be waived* as described at 50 CFR part 679.41(d). A *medical transfer* may be approved if the applicant demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds IFQ:

- ◆ Because of a medical condition that precludes participation; or
- ◆ Because of a medical condition involving an immediate family member that requires the quota share (QS) holder's full time attendance.

**Eligibility:** To be eligible to receive a *medical transfer*, an individual halibut or sablefish QS holder:

- ◆ Must possess one or more catcher vessel IFQ permits.
- ◆ Must not be an initial issue of Pacific halibut or sablefish quota share that qualifies to hire a master under 50 CFR 679.42(l)(1)

NMFS will not approve a *medical transfer* if the applicant has received a *medical transfer* in any 2 of the previous 5 years for the same medical condition.

A separate complete application must be submitted for each *medical transfer* of IFQ.

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.

If you need assistance in completing this application or need additional information, call Restricted Access Management (RAM) at  
(800) 304-4846 (#2) or (907) 586-7202 (#2).

When complete, submit the application:

- ◆ By mail to **NMFS Alaska Region  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**
- ◆ By delivery to **709 West 9th Street, Room 713 Juneau, AK 99801**

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

**COMPLETING THE APPLICATION**

**Indicate if** the Transferor (medical condition) **is** an initial recipient of Pacific Halibut or sablefish quota share who qualifies for a hired master exception under 50 CFR 679.42(i)(1).

**If YES, STOP.** The Transferor is not eligible for a *medical transfer*.

50 CFR §679.42(i) provides that individuals initially issued QS may hire a master to harvest their annual IFQ on a vessel that the QS holder has at least a 20 percent ownership interest in (see regulations for exceptions). **Indicate whether** the transferor is a person who may hire a master to harvest their annual IFQ.

**If YES,** the submitted *medical transfer* application will be denied.

Indicate whether the Transferee (no medical condition) holds a Transfer Eligibility Certificate (TEC).

**If NO, STOP.** The Transferee is not eligible to receive IFQ by transfer. Only a person that received QS as an Initial Issuee or that holds a TEC is eligible to receive QS/IFQ by transfer.

**If NO,** the transferee must contact RAM for instructions on eligibility procedures and a TEC application.

#### **BLOCK A – TRANSFEROR (MEDICAL CONDITION)**

1. Name: Full name as it appears on QS Holder Summary Report and/or TEC.
2. NMFS Person ID: As found on QS Holder Summary Report or TEC.
3. Date of Birth: Birth date of the person.
4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.  
Indicate whether permanent or temporary  
If temporary, this is the address the transfer documentation will be sent if other than to the permanent address
- 5-7. Business Telephone and Fax Numbers (Include the area codes), and E-mail Address

#### **BLOCK B -- TRANSFEREE (NO MEDICAL CONDITION)**

1. Name: Full name as it appears on QS Holder Summary Report and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Holder Summary Report e or TEC.
3. Date of Birth: Birth date of the person.
4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.  
Indicate whether permanent or temporary  
If temporary, this is the address the transfer documentation will be sent if other than to the permanent address
- 5-7. Business Telephone and Fax Numbers (Include the area codes), and E-mail Address

#### **BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

**Note: A separate line must be completed for each Species, IFQ Area and/or IFQ Permit from which you are transferring IFQ.**

1. Indicate whether halibut or Sablefish IFQ.
2. Fishing Year (must be current year).
3. IFQ Permit Number of Transferor. Must be current year IFQ Permit.
4. IFQ Regulatory Area.
5. Actual number of IFQ Pounds to be transferred from the permit listed in #3.

#### **BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. The price per pound of IFQ must be entered for IFQs that are being transferred under **a medical transfer**. (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units **or** the number of IFQ pounds being transferred.)
2. The total amount being paid should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.

## **BLOCK E – TRANSFEREE SUPPLEMENTAL INFORMATION**

1. Indicate the primary source of financing for this transfer (check one).
2. Indicate how the IFQ was located (check all that apply).
3. Indicate Buyer's relationship to the IFQ Holder (check all that apply).

## **BLOCK F -- MEDICAL DECLARATION**

Federal regulation require that this medical declaration be completed by a **licensed medical doctor, advanced nurse practitioner, or primary community health aide**. The term “medical professional” for purposes of the **medical transfer** application refers only to licensed medical doctor, advanced nurse practitioner, or primary community health aide. Certifications from other medical professionals will not be accepted.

- 1-3. The medical professional who conducted the medical examination must print or type their name, business telephone number, and permanent business mailing address.
4. The medical professional who conducted the medical examination must check the box indicating the medical category they fall within.
5. The medical professional conducting the medical examination must provide a concise description of the medical condition affecting the applicant or the applicant’s family member including verification that the applicant is unable to participate in the IFQ fishery for which he or she holds IFQ permits during the IFQ season because of the medical condition and, for an affected family member, a description of the care required. The medical professional may attach the original medical report or additional information if necessary.
6. The medical professional who conducted the medical examination must sign and date the declaration.

## **BLOCK G - CERTIFICATION OF TRANSFEROR**

The transferor must sign and print his or her name and date the application. If completed by a representative, **attach** authorization. **If signing on behalf of an individual, a valid power of attorney for that individual must be provided.**

## **BLOCK H - CERTIFICATION OF TRANSFEREE**

The transferee must sign and print his or her name and date the application. If completed by a representative, **attach** authorization. **If signing on behalf of an individual, a valid power of attorney for that individual must be provided.**