
	<p>APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service 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</p> 
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Annual Application Deadline – August 1

- Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another **will not be processed between August 1** of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
- This application may only be used to apply for a lease of annual CVC/CPC IFQ from **one individual** to another for the current crab fishing year. All other applications for transfers, including inter-cooperative transfers, must be submitted on appropriate transfer applications.

BLOCK A – TYPE OF IFQ TRANSFER

1. Is this a transfer of CVC/CPC IFQ? YES [] NO []

If NO, Stop Here. This form may only be used to transfer CVC/CPC IFQ.

If YES, Transferee must have been approved for a Transfer Eligibility Certificate by NMFS, Alaska Region and must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ. Proof of this landing is:

- ◆ Alaska Department of Fish and Game (ADF&G) Fish Ticket with signature of the applicant, or
- ◆ An affidavit from the vessel owner attesting to that individual’s participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Name of Transferor	2. NMFS Person ID:	
3. Business Mailing Address: Indicate whether [] Permanent or [] Temporary		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address:
7. Has transferor submitted an EDR, if required to do so under § 680.6? YES [] NO [] NOT APPLICABLE []		

8. Has transferor paid all fees, as required by § 680.44?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>

BLOCK C - IDENTIFICATION OF TRANSFEREE (LESSEE)

1. Name of Transferee	2. NMFS Person ID:	
3. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent of <input type="checkbox"/> Temporary		
4. Business Telephone No.:	5. Business Fax No.:	6. E-mail address:
7. Has transferee submitted an EDR, if required to do so under § 680.6?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
8. Has transferee paid all fees, as required by § 680.44?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>

BLOCK D - IDENTIFICATION of IFQ to be TRANSFERRED (LEASED)

Permit Number	Fishery	Sector	Region	IFQ (Class A, B, R, or U)	Pounds

BLOCK E – CERTIFICATION OF TRANSFEROR

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferor:	2. Date:
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3. Printed Name of Transferor: (If authorized representative, attach authorization)
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BLOCK F – CERTIFICATION OF TRANSFEEE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferee:	2. Date:
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3. Printed Name of Transferee: (If authorized representative, attach authorization)
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PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.5 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, NMFS Alaska Region, 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*), and under 16 U.S.C. 1862(j); 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.

<p style="text-align: center;">Instructions APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ</p>
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GENERAL INFORMATION

Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another will not be processed between August 1 of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area (BSAI) Crab Rationalization(CR) Program fishery.

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of catcher vessel crew/catcher/processor crew (CVC/CPC) IFQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of CVC/CPC IFQ from one individual to another for the current crab fishing year. All other applications for transfers must be submitted on an appropriate transfer application.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

- ◆ **Submit an Economic Data Report (EDR).**
An EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

For more information or if you have questions, please call toll free 1-877-741-8913

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

FAX Number: 503-595-3450

e-mail info@psmfc.org.

- ◆ Payment of all outstanding fees to NMFS on or before July 31.

All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

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; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

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

By fax to RAM at: **907-586-7354**

Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

Or, by courier to:

**NMFS Alaska Region
Attn: RAM
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

Website: <https://alaskafisheries.noaa.gov/fisheries-applications>

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

BLOCK A – TYPE OF TRANSFER

1. If applying to receive Catcher Vessel Captain/Crew (CVC) or Catcher-Processor Crew (CPC) IFQ by transfer, the Transferee (person listed in Block C) must have applied for and been approved for a Transfer Eligibility Certificate from NMFS AND must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ:
 - ◆ ADF&G Fish Ticket with signature of the applicant, or
 - ◆ An affidavit from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Enter the full name of the person who intends to transfer the annual IFQ.
2. Enter transferor's NMFS Person ID.
3. Enter the transferor's business mailing address.
If permanent, NMFS/AKR records will be updated to reflect this address.
If temporary, NMFS/AKR will not update its records but will use this is the address to mail any materials related to this application.
- 4-6. Enter the transferor's business telephone number, business fax number, and e-mail address.
7. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.
8. Indicate whether transferor has paid all fees, as required by § 680.44.

BLOCK C – IDENTIFICATION OF TRANSFEE (LESSEE)

1. Enter the full name of the person who intends to receive the annual IFQ.
2. Enter the transferee's NMFS Person ID.
3. Enter transferee's business mailing address
If permanent, NMFS/AKR records will be updated to reflect this address.
If temporary, NMFS/AKR will not update its records but will use this is the address to mail any materials related to this application.
- 4-6. Enter the transferee's business telephone number, business fax number, and e-mail address.
7. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6?
8. Indicate whether transferee has paid all fees, as required by § 680.44?

BLOCK D – IDENTIFICATION OF IFQ TO BE TRANSFERRED

Enter the IFQ permit number, Fishery, Sector, Region, IFQ class (A, B, R, or U), and the number of IFQ pounds that are intended to transfer.

For your assistance in completing this block, the following table identifies the appropriate codes for each fishery, sector and region.

Crab Fishery	Code	Sector of QS	Code	Region	Code
Bristol Bay red king	BBR	Catcher Vessel Owner	CVO	North	N
Bering Sea snow	BSS	Catcher/Processor Owner	CPO	South	S
Bering Sea Tanner	BST	Catcher Vessel Captain/Crew	CVC	West	W
Eastern Aleutian Golden	EAG	Catcher/Processor Captain/Crew	CPC	Undesignated	U
Pribilof red and blue king	PIK	Processor Quota	PQS		
St. Matthew blue king	SMB				
Western Aleutian golden	WAG				
Western Aleutian red king	WAI				

Repeat this information for all IFQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be attached.