U.S. DEPT OF COMMERCE, NOAA

NMFS IFQ Program, F/SER29 263 13th Avenue South St. Petersburg, FL 33701-5511 Toll Free 866-425-7627 (8 a.m. - 4:30 p.m. ET) 727-824-5305 (8 a.m. - 4:30 p.m. ET) http://ifq.sero.nmfs.noaa.gov



NOAA FISHERIES SERVICE FEDERAL APPLICATION FOR GULF OF MEXICO INDIVIDUAL FISHING QUOTA (IFQ) ONLINE ACCOUNT

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Sanction Case Number if Sanctioned and date held	
Date Sanction Released and Initials	
Application ID	

APPLICATION INSTRUCTIONS

- 1. Current IFQ participants need to complete this application to certify they are or are NOT a United States citizen or a permanent resident alien.
- 2. As of January 1, 2012, all United States citizens and permanent resident aliens are eligible for participation in the Gulf red snapper IFQ program. This application is to establish an IFQ account for new participants and update account information for existing participants. However, a valid commercial permit for Gulf reef fish, a Gulf red snapper IFQ vessel account, and Gulf red snapper IFQ allocation are required to possess (at and after the time of the advance notice of landing), land or sell Gulf red snapper subject to this IFO program.
- 3. Follow the instructions at the top of each section. Make sure all the information is correct then sign and date the application below. The IFQ applicant signing the application must be an account holder listed in section 1 and a United States citizen or permanent resident alien.
- 4. Mail your completed application to: U.S. Department of Commerce, NOAA, National Marine Fisheries Service F/SER29, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing 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 suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of uses. Responses to this collection are required to obtain or retain an IFQ online account under the Magnuson-Stevens Act. Non-confidential information will be released via a NOAA Fisheries Service website. Non-confidential information means: name, address, city, state, zip code, etc. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

SIGNATURE OF APPLICATION

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Knowingly supplying false information for the purpose of obtaining an IFQ Online Account is a violation of Federal law punishable by a fine and/or imprisonment. Please note: The individual signing below MUST be either the IFQ account holder OR must be one of the officers or shareholders that is a United States citizen or permanent resident alien listed in section 2 of this application.

Applicant Signature	Position in Compa	any (if applicable)
Print Name	Date	UserID
		(if applicable)

1	IFO ON	INE	ACCOUNT	HOLDER	INFORMATION
1.			ACCOUNT		1141.()171414 1 1()14

- 1) Check the appropriate box below if the applicant is a new or existing IFQ online account holder. Provide the USER ID for an existing account holder.
- 2) Complete this page for all IFQ online account holders. If the account holder is a business, enter the Federal ID number and date the business filed with the state. If the account holder is an individual, enter their Social Security Number and date of birth.
- 3) Check the appropriate box below to certify that the applicant IS or IS NOT a United States citizen or permanent resident alien.
- 4) If the IFQ account is held by a business, please also complete Section 2 on page 4.

Check the appropriate box below: NEW IFQ online account holder EXISTING IFQ online account hold E-mail address:	der and pr	ovide the IFQ Online	account ho	lder's l	UserID:		
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Check one: Individual/Sole Proprieto Certify Citizenship Status: The applicant IS a United States of The applicant IS NOT a United States	rship itizen or p	Joint Ownership] Partı	nership		ation Other	
Prefix Last Name or Business Name			First Name	;		Middle Name	Suffix
If you are operating under a different name,			1				
what is your Doing Business As (DBA) name? Mailing Address	Ant/Cuito	City		Stata	County/Parish	Zip Code	Country
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Physical Address Check if same as mailing address	Apt/Suite	City		State	County/Parish	Zip Code	Country
Tax ID number (FED ID or SSN)	Date of Bir	th or Date Business Filed	(mm/dd/yyy	y)	Area Code	Primary Phone Number	
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Check one: Individual/Sole Proprieto Certify Citizenship Status: The applicant IS a United States of The applicant IS NOT a U	itizen or p		en.	nership	☐ Corpora	ation Other	
Prefix Last Name or Business Name			First N	First Name Middle Name			Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?							•
Mailing Address Ap	t/Suite Cit	y	Sta	te (County/Parish	Zip Code	Country
Physical Address				•			
Check if same as mailing address Ap	t/Suite Cit	У	Sta	te (County/Parish	Zip Code	Country
Tax ID number (FED ID or SSN) Dat	te of Birth o	r Date Business Filed (mr	m/dd/yyyy)		Area Cod	le Primary Phone Nu	mber
					Se	elect one: Home Wor	k 🔲 Cell 🔲

ADDITIONAL IFO	ONLINE	ACCC	OUNT HO	OLDER I	NFORMATION
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1) Only complete this page for all addition business filed with the state. If the accordance is the state is the state is the state in the state is the state is the state is the state is the state in the state is the state is the state is the state is the state in the state is							ID number and	date the
2) Check the appropriate box below to cert	ify that the ap	oplicant IS or IS NOT	a United Sta	ates citiz	zen or permanent	resident ali	en.	
IFQ online account holder's User	ID (if app)	icable):						
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If you are operating under a different name, what is your Doing Business As (DBA) name?								
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Physical Address	ı			1				
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Tax ID number (FED ID or SSN)	Date of Birth	or Date Business Filed (mm/dd/yyyy	·)	Area Code	Primary Ph	one Number	
	1				Select one: Hor	me 🗆 V	Vork ☐ Cell	

2. OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

1) If this IFQ online account is held by a business, then complete this section for EACH officer or partner associated with the business.

Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. Total shareholders must equal 100%. For all provide position held in business, name, address, social security number, date of birth, and telephone number.

2) Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.

Business name	ısiness name Federal Tax ID number							
Officer or Shareholder Information								
Check all that apply: President/CEO	Vice Preside	nt Secretary	Treasur	er 🗌	Director/Manag	er 🗌 (Other	
Shareholder	Percent (%)	of corporation held:						
Certify Citizenship Status: The applicant IS a United States citiz The applicant IS NOT a United States	•							
Prefix Last Name			First Name	!		Middle Nai	ne	Suffix
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address		at.		a. .	G		m. c .	a .
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
SSN	Date of Rirth	(mm/dd/yyyy)			Area Code	Drimary Di	one Number	
5514	Date of Birth	(IIIII/dd/yyyy)			Area Code		ione ivamber	
					Select one: Ho	me 🗍 V	Work Cell	П
							, on	. Ш
	Additio	onal Officer or S	harehol	der In	<u>iformation</u>			
Check all that apply: President/CEO	Vice Presid	lent Secretary	Treasu	ırer 🗌	Director/Mana	ager 🗌	Other	
Shareholder	Percent (%	6) of corporation held	l:					
Certify Citizenship Status:								
The applicant IS a United States cit: The applicant IS NOT a United States	_							
The applicant 13 NOT a United Sta	ies chizen of pe	imanent resident anen	•					
Prefix Last Name			First Name	!		Middle Nai	ne	Suffix
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
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SSN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Pl	one Number	
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MINOR SHAREHOLDERS - Cl corporation/business/LLC. For ex								
individually only holds 0.66% of t					•			
TOTAL PERCENTAGE (%) of corporation/business/LLC.	corporation/busin	ness/LLC held by minor s	hareholder(s)	that indi	vidually holds less	than 1% of th	ne total shares of	the

ADDITIONAL OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

Pro ider by e equ	nis IFQ online account is held by vide the information for all officeratify all shareholders in the corporated hareholder. Individuals hold al 100%. For all provide position ck the appropriate box below to ce	s or partners t ation that own ling less than held in busin	that are shown on your an at least 1% or more of 1% of the shares (minor less, name, address, soc	most recent ann the shares, as v r shareholders) ial security nun	nual re well as should nber, d	eport. If your bust the percentage d not be individuate of birth, and	isiness is st of all share ually listed d telephone	ructured as a co es in the corpor . Total shareh e number.	orporation, ation held
		Additio	onal Officer or S	hareholder	· Info	ormation			
Check a	all that apply: President/CEO	Vice Presid	lent Secretary	Treasurer		Director/Mana	ger 🗌	Other	
	Shareholder	Percent (%	6) of corporation held	:					
The	Citizenship Status: e applicant IS a United States citize e applicant IS NOT a United States								
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Check a	ll that apply: President/CEO	Vice Presid	lent Secretary	Treasurer		Director/Mana	ger 🗌	Other	
	Shareholder	Percent (%	6) of corporation held	·					
The	Citizenship Status: e applicant IS a United States citize e applicant IS NOT a United States								
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	MINOR SHAREHOLDERS - Chec corporation/business/LLC. For exam individually only holds 0.66% of the	nple, there migl			illy holo	d shares that total	less than 1%		es of the

TOTAL PERCENTAGE (%) of corporation/business/LLC held by minor shareholder(s) that individually holds less than 1% of the total shares of the

corporation/business/LLC.