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	<b>ny</b> (if applicable)
Print Name	Date	UserID
		(if applicable)

1.	IFO	ONLINE	ACCOUNT	HOLDER	INFORMATION
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- 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	UserID:						
IFQ ONLINE ACCOUNT HOLDER INFORMATION											
Check one: Individual/Sole Proprieto Certify Citizenship Status:  The applicant IS a United States of The applicant IS NOT a United St	rship  itizen or p	Joint Ownership	] Partı	nership		ation  Other _					
Prefix Last Name or Business Name			First Name	<u>;</u>		Middle Name	Suffix				
If you are operating under a different name,			•				<u>.</u>				
what is your Doing Business As (DBA) name? Mailing Address	Apt/Suite	City		State	County/Parish	Zip Code	e Country				
Maning Address	Apt/Suite	City		State	County/F at isi	Zip Code	Country				
Dhysical Address											
Physical Address  Check if same as mailing address	Apt/Suite	City		State	County/Parish	Zip Code	e Country				
Tax ID number (FED ID or SSN)	Date of Bir	th or Date Business Filed	(mm/dd/yyy	<u> </u> y)	Area Code	Primary Phone Num	ber				
ADDITIO	NAL IF	Q ONLINE AC	COUNT	HOL		ome Work RMATION	Cell 🗌				
Check one: Individual/Sole Proprieto Certify Citizenship Status:  The applicant IS a United States of The applicant IS NOT a United St	itizen or p		en.	nership		ation  Other _					
Prefix Last Name or Business Name			First N	ame	N	Aiddle Name	Suffix				
If you are operating under a different name, what is your Doing Business As (DBA) name?					·						
Mailing Address Apr	t/Suite Cit	y	Sta	te (	County/Parish	Zip Code	Country				
Physical Address											
Check if same as mailing address Ap	t/Suite Cit	y	Sta	te (	County/Parish	Zip Code	Country				
Tax ID number (FED ID or SSN) Date	te of Birth o	r Date Business Filed (mi	n/dd/yyyy)		Area Coo	le Primary Phone	Number				
					Sé	elect one: Home	Work Cell				

ADDITIONAL IFO	ONLINE	A(	CCOUNT	HOLDER	INFORMATION
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1) Only complete this page for all addition business filed with the state. If the according to the complete this page for all addition business filed with the state.							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):						
ADDITIO	NAL IFQ	ONLINE ACC	OUNT I	HOLI	DER INFOR	MATIO	N	
Check one: Individual/Sole Proprieto:  Certify Citizenship Status:  ☐ The applicant IS a United States ci ☐ The applicant IS NOT a United St	tizen or peri		1.	ership	□ Corpora	tion 🗌	Other	
Prefix Last Name or Business Name			First Name			Middle Nan	ne	Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?								
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address	ı			1				
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Γax ID number (FED ID or SSN)	Date of Birth	or Date Business Filed (1	mm/dd/vyvy	')	Area Code	Primary Ph	one Number	
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					Select one: Hor	me 🔲 V	Vork Cell	
ADDITIO	NAL IFQ	ONLINE ACC	OUNT I	HOLI	DER INFOR	MATIO	)N	
Check one: Individual/Sole Proprieto:  Certify Citizenship Status:  ☐ The applicant IS a United States ci ☐ The applicant IS NOT a United St	tizen or peri		1.	ership	☐ Corpora	tion 🗌	Other	
Prefix Last Name or Business Name			First Name			Middle Nan	ne	Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?			•					
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
,							Lip cout	
Physical Address								I .
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
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 Federal Tax ID number								
	Of	ficer or Shareho	older Inf	ormat	tion			
Check <b>all</b> 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.		<b>a.</b> .	G		m. c .	<b>a</b> .
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 <b>all</b> that apply: President/CEO	Vice Presid	lent Secretary	Treasu	ırer 🗌	Director/Mana	ager 🗌	Other	<del> </del>
Shareholder	Percent (%	6) of corporation held	l:					
Certify Citizenship Status:								
The applicant <b>IS</b> a United States cit:  The applicant <b>IS NOT</b> 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
Check it same as maning address	Apvoute	City		State	County/Farisii		Zip Code	Country
SSN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Pl	one Number	
55.1	Date of Birth	(IIIII dd/yyyy)			Tirea couc		ione rumber	
					Select one: Ho	me 🔲 V	Vork ☐ Cell	П
						_	_	
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 <b>equ</b>	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.  Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.											
		Additio	onal Officer or S	hareholder	· Info	ormation						
Check all that apply: President/CEO  Vice President  Secretary  Director/Manager  Other												
	Shareholder	Percent (%	6) of corporation held	:								
The	Citizenship Status: e applicant IS a United States citize e applicant IS NOT a United States											
refix	Last Name			First Name			Middle Nar	me	Suffix			
lailing A	ddress	Apt/Suite	City	Star	te (	County/Parish	I.	Zip Code	Country			
-	Address	A . 4/G . 4	C'4	G4.	4.	C / /D		7° . C. 1	G			
_ Check 1	f same as mailing address	Apt/Suite	City	Stat	ite (	County/Parish		Zip Code	Country			
SN Date of Birth (mm/dd/yyyy)						Area Code	Primary Ph	one Number				
<i>5</i> 2.1								1101101				
		Additio	onal Officer or S	hareholder			me 🗌 V	Vork 🗌 Cell				
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											
refix	Last Name			First Name			Middle Nar	me	Suffix			
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lailing A	uuress	Apt/Suite	City	Star	ite (	County/Parish		Zip Code	Country			
hygiaal	Address											
_*	f same as mailing address	Apt/Suite	City	Star	te (	County/Parish		Zip Code	Country			
SN		Date of Birth	(mm/dd/yyyy)		1	Area Code	Primary Ph	one Number				
	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.