



**Application For
SUBSISTENCE HALIBUT
REGISTRATION
CERTIFICATE (SHARC)
ALASKA NATIVE TRIBE**

U.S. Dept of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management
P.O. Box 21668
Juneau, Alaska 99802-1668
(800) 304-4846 toll free / 586-7202
in Juneau; (907) 586-7354 fax



Only persons who are members of an Alaska Native tribe as defined in 50 CFR 300.65 may be issued a tribal SHARC.

Alaska Native tribe means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2). **A tribal SHARC may not be issued to anyone who is not a member of an Alaska Native tribe as defined in 50 CFR 300.65(g)(2).**

Incomplete applications will result in delayed processing. Unsigned applications will not be processed.

BLOCK A – ALASKA NATIVE TRIBE

1. Name of Alaska Native Tribe (*as defined at 50 CFR 300.65(g)(2)*):

2. Business Mailing Address:

3. Telephone Number:

4. E-mail Address:

BLOCK B – ALASKA TRIBAL MEMBER(S) INFORMATION

1. Name of Tribal Member (first, middle, last):

2. Date of Birth:

3. Daytime Telephone Number:

4. Community or Area of Residence
(*if Area, Describe the Location*)

5. Permanent Mailing Address (*P.O. box number, street, city, state, zip code*):

6. Are you applying for a new SHARC or a renewal of an existing SHARC? New Renewal

If a renewal, enter current SHARC number: _____

BLOCK B – ALASKA TRIBAL MEMBER(S) INFORMATION

1. Name of Tribal Member (<i>first, middle, last</i>):	2. Date of Birth:
	3. Daytime Telephone Number:
	4. Community or Area of Residence (<i>if Area, Describe the Location</i>)
5. Permanent Mailing Address (<i>P.O. box number, street, city, state, zip code</i>):	
6. Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal If a renewal, enter current SHARC number: _____	

BLOCK B – ALASKA TRIBAL MEMBER(S) INFORMATION

1. Name of Tribal Member (<i>first, middle, last</i>):	2. Date of Birth:
	3. Daytime Telephone Number:
	4. Community or Area of Residence (<i>if Area, Describe the Location</i>)
5. Permanent Mailing Address (<i>P.O. box number, street, city, state, zip code</i>):	
6. Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal If a renewal, enter current SHARC number: _____	

BLOCK B – ALASKA TRIBAL MEMBER(S) INFORMATION

1. Name of Tribal Member (<i>first, middle, last</i>):	2. Date of Birth:
	3. Daytime Telephone Number:
	4. Community or Area of Residence (<i>if Area, Describe the Location</i>)
5. Permanent Mailing Address (<i>P.O. box number, street, city, state, zip code</i>):	
6. Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal If a renewal, enter current SHARC number: _____	

BLOCK C – CERTIFICATION OF TRIBAL OFFICIAL

I certify that all the person(s) listed on this registration application are members of the above-named “Alaska Native Tribe” as defined at 50 CFR 300.65(g)(2).

1. Signature of Tribal Official (<i>First, Middle, Last</i>):	2. Date:
3. Print Name of Official:	4. Official’s Title:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per tribal member listed, 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, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to monitor the Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage the subsistence halibut program in Alaska; 4) Submission of this information is required of all persons seeking to participate in fishing for Pacific halibut under the subsistence halibut program; 5) This information is mandatory and is required to monitor the subsistence halibut program under the Northern Pacific Halibut Act of 1982. 6) The birthdate is confidential under the Privacy Act.

Instructions
SUBSISTENCE HALIBUT REGISTRATION CERTIFICATE (SHARC)
ALASKA NATIVE TRIBE

PROGRAM INFORMATION

The Subsistence Halibut Fishery is authorized by Federal regulations at 50 CFR part 300 and provides for eligible persons to conduct subsistence halibut fishing in Convention waters off Alaska.

Subsistence halibut

means halibut caught by a rural resident or a member of an Alaska Native tribe for direct personal or family consumption as food, sharing for personal or family consumption as food, or for customary trade.

Eligible persons are residents of particular rural communities or rural areas and all identified members of federally recognized Alaska Native tribes.

Alaska Native tribe means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2).

GENERAL INFORMATION

If you have questions when completing the application, please—

- call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2);
- fax RAM at (907) 586-7354;
- e-mail your questions to RAM.Alaska@noaa.gov; or
- check our web site at <https://alaskafisheries.noaa.gov/fisheries/subsistence-halibut>.

Please allow at least 10 days for processing your SHARC. If you would like to have your SHARC sent by a method other than regular mail, please attach a note indicating the method, and follow the appropriate procedure below.

Complete the application and—

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

Deliver to: **Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

Or fax to: **907- 586-7354.**

Express Mail

If you would like to have your SHARC sent to you by U.S. Postal Express Mail, send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope.

NOTE: If the express mail envelope you send is too small or the postage attached is less than the amount required, your SHARC will be sent to you by regular U.S. mail.

Other Express Carriers

If you would like to have your SHARC sent to you by a private express carrier (e.g., Federal Express, UPS, DHL), submit your account number and name of carrier or a prepaid envelope with the permit application.

COMPLETING THE APPLICATION

BLOCK A– ALASKA NATIVE TRIBE

1. Enter the name of the Alaska Native tribe that qualifies you as eligible to fish for subsistence halibut. This tribe must be one of the Alaska Native tribes listed in 50 CFR 300.65(g)(2).
2. Enter the permanent business mailing address. The tribal members' SHARCs will be sent to this address.
3. Enter the daytime business telephone number, including area code.
4. Enter the e-mail address.

BLOCK B – TRIBAL MEMBER(S) INFORMATION *(duplicate form as needed)*

Enter the following information for each tribal member:

1. Name of tribal member (first, middle, and last name). Please include any suffixes such as Jr., Sr., etc.
2. Date of birth (month/day/year).
3. Daytime telephone number. Include area code.
4. Community or area of residence (city and state, or describe the location within the area). A description may include such information as latitude and longitude if known or direction and distance from a landmark or from a milepost on a road. List the current community or area of residence even if it is not one of the eligible rural communities listed in 50 CFR 300.65(g)(1) or eligible rural areas listed in 50 CFR 300.65(g)(3).
5. Permanent mailing address, including P.O. box, street, state, and zip code.
6. Please indicate whether the tribal member is applying for a new SHARC or a renewal of an existing SHARC. If a renewal, please list their current SHARC number in the space provided.

BLOCK C – CERTIFICATION OF TRIBAL OFFICIAL

- 1–2. The tribal official must sign and date the application. The tribal official's signature certifies that the persons listed on this registration application are members of the above-named Alaska Native tribe as defined at 50 CFR 300.65(f)(2) and that all information contained in the application is true, correct, and complete to the best of your knowledge and belief.
- 3–4. Print name and title of official.