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) https://portal.southeast.fisheries.noaa.gov/cs/



# 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 IFQ 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 Company (if applicable) \_\_\_\_\_\_

 Print Name \_\_\_\_\_\_
 Date \_\_\_\_\_\_

 UserID \_\_\_\_\_\_

(if applicable)

## 1. IFQ ONLINE ACCOUNT HOLDER INFORMATION

<ol> <li>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.</li> <li>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.</li> <li>Check the appropriate box below to certify that the applicant IS or IS NOT a United States citizen or permanent resident alien.</li> <li>If the IFQ account is held by a business, please also complete Section 2 on page 4.</li> </ol>										
Check the appropriate box below:          NEW IFQ online account holder         EXISTING IFQ online account holder and provide the IFQ Online account holder's UserID:										
IFQ ONLINE ACCOUNT HOLDER INFORMATION										
Check one: Individual/Sole Proprietorship       Joint Ownership       Partnership       Corporation       Other         Certify Citizenship Status:										
Prefix Last Name or Business Name				First Nam	e		Middle N	ame	Suffix	
If you are operating under a different name, what is your Doing Business As (DBA) name?										
Mailing Address	Apt/Sui	te	City		State	County/Paris	h	Zip Code	Country	
Physical Address Check if same as mailing address	Apt/Sui	te	City		State	County/Paris	h	Zip Code	Country	
									-	
Tax ID number (FED ID or SSN)	Date of	Birth	or Date Business Filed (1	nm/dd/yyy	y)	Area Code	Primary	Phone Number		
ADDITIC	DNAL	IFQ	ONLINE ACC	OUNT	HOL		Home		11 🗋	
Check one: Individual/Sole Proprieto	orship [	]	Joint Ownership 🗌	Part	nership	Corp	oration 🗌	Other		
Prefix Last Name or Business Name				First I	First Name Middle Nar			ne	Suffix	
If you are operating under a different name,										
what is your Doing Business As (DBA) name? Mailing Address Ag	ot/Suite	City		St	ate	County/Parish	Z	ip Code	Country	
		-							-	
Physical Address										
Check if same as mailing address AI	ot/Suite	City		St	ate	County/Parish	Z	ip Code	Country	
Tax ID number (FED ID or SSN) Da	te of Birt	th or D	ate Business Filed (mm/	dd/yyyy)		Area C	Code Prin	nary Phone Num	ber	
L						L	Select one: H	Iome 🗌 Work	Cell	

### ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

1)	Only complete this page for all additional 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, ent	ter their Social Security Number and date of birth.

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

IFQ online account holder's UserID (if applicable):

## ADDITIONAL IFQ ONLINE ACCOUNT HOLDER INFORMATION

	one: Individual/Sole Proprieto	orship 🗌	Joint Ownership 🗌	Partr	ership	Corpora	ation 🗌	Other	
	v Citizenship Status:								
	e applicant <b>IS</b> a United States c	-							
	e applicant <b>IS NOT</b> a United S	tates citizen	or permanent resider	nt alien.					
Prefix	Last Name or Business Name			First Name			Middle Na	me	Suffix
If you are	operating under a different name,								
•	our Doing Business As (DBA) name?				_				
Mailing A	ddress	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical .			·						
Check i	f same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Tax ID nu	umber (FED ID or SSN)	Date of Birth	n or Date Business Filed	(mm/dd/yyyy	r)	Area Code	Primary P	hone Number	
						Select one: Ho	ome 🗌 👘	Work 🗌 Cel	1
	ADDITIC	)NAL IF(	Q ONLINE ACC	OUNT I	ногі	DER INFOR	RMATIO	)N	
						_	_		
	one: Individual/Sole Proprieto	orship 🗋	Joint Ownership	Partr	ership	L Corpora	ation 🗌	Other	
	y Citizenship Status:	itizan anna	monont resident alies						
	e applicant <b>IS</b> a United States c e applicant <b>IS NOT</b> a United S	-							
	e applicant <b>IS NOT</b> a United S		or permanent resider	int anten.					
Prefix	Last Name or Business Name			First Name			Middle Na	me	Suffix
Te	1. 1.00								
-	operating under a different name, our Doing Business As (DBA) name?								
Mailing A	e e e e e e e e e e e e e e e e e e e	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical .	Adress								
	address if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
								-r	
Tay ID m	umber (FED ID or SSN)	Date of Rivel	n or Date Business Filed (	mm/dd/www		Area Code	Primary D	hone Number	
1 a A ID III		Date of Diff	Tor Date Dusiness Filed		,				
						Select one: Ho	ome 🗌 👘 '	Work 🗌 🛛 Cel	1

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

<ol> <li>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.</li> <li>Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.</li> </ol>										
Business name Federal Tax ID number										
Officer or Shareholder Information										
heck all that apply: President/CEO 🗌 Vice President 🗌 Secretary 🗌 Treasurer 🗌 Director/Manager 🗌 Other										
Shareholder  Certify Citizenship Status: The applicant IS a United States citize The applicant IS NOT a United States	en or permanen									
Prefix Last Name			First Name			Middle Na	me	Suffix		
	A 4/6 14	<u></u>		<u>q.</u>						
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		
SSN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary P	hone Number			
	Select one: Home Work Cell									
Check all that apply: President/CEO	Vice Presid	lent Secretary	] Treasu	rer 🗌	Director/Mana	nger 🗌	Other			
Shareholder  Certify Citizenship Status: The applicant IS a United States citien The applicant IS NOT a United States	zen or permane									
Prefix Last Name			First Name			Middle Na	me	Suffix		
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country		
Division Address										
Physical Address Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country		
SSN	Date of Birth	n (mm/dd/yyyy)		1	Area Code	Primary P	hone Number	1		
	•				Select one: Ho	me 🗌 👘	Work Cel	11		

MINOR SHAREHOLDERS - Check here if one or more of your shareholders each individually hold shares that total less than 1% of the total shares of the corporation/business/LLC. For example, there might be three shareholders whose total shares added together is 2% of the total shares but each shareholder individually only holds 0.66% of the shares.

**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.

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

Pro ide by	his IFQ online account is held ovide the information for all offi- entify all shareholders in the corp each shareholder. Individuals h ual 100%. For all provide posit	cers or partners poration that own olding less than	that are shown on your at least 1% or more o 1% of the shares (mine	most recent and the shares, a point of the shares, a point of the shareholder of the shar	annual 1s well rs) sho	report. If your b as the percentage uld not be individ	usiness is structured as e of all shares in the cor lually listed. <b>Total shar</b>	a corporation, poration held
	eck the appropriate box below to							
		Additi	onal Officer or S	Sharehold	ler In	nformation		
Check	all that apply: President/CEO	Vice Presid	lent Secretary [	Treasur	er 🗌	Director/Man	ager 🗌 Other	
	Shareholder	Percent (%	%) of corporation held	d:				
Th	y <b>Citizenship Status:</b> e applicant <b>IS</b> a United States ci e applicant <b>IS NOT</b> a United St	-		1.				
Prefix	Last Name			First Name			Middle Name	Suffix
Mailing A	Address	Apt/Suite	City		State	County/Parish	Zip Code	Country
Dhysiaal	Address							
	Address if same as mailing address	Apt/Suite	City	1	State	County/Parish	Zip Code	Country
SSN		Date of Birth	n (mm/dd/yyyy)			Area Code	Primary Phone Number	
		Additio	onal Officer or S	Sharehold	ler In		ome 🗌 Work 🗌	Cell 🗌
Check	all that apply: President/CEO	Vice Presid	lent Secretary [	Treasur	er 🗌	Director/Man	ager Other	
	Shareholder	Percent (%	%) of corporation held	d:				
Th	v <b>Citizenship Status:</b> e applicant <b>IS</b> a United States ci e applicant <b>IS NOT</b> a United St			1.				
Prefix	Last Name			First Name			Middle Name	Suffix
Mailing A	Address	Apt/Suite	City	1	State	County/Parish	Zip Code	Country
	Address if same as mailing address	Apt/Suite	City		State	County/Parish	Zip Code	Country
	ii same as manning address	Aproute			Jait			Country
SSN		Date of Birth	n (mm/dd/yyyy)			Area Code	Primary Phone Number	
		I				Select one: Ho	ome Work	Cell

**MINOR SHAREHOLDERS** - Check here if one or more of your shareholders each individually hold shares that total less than 1% of the total shares of the corporation/business/LLC. For example, there might be three shareholders whose total shares added together is 2% of the total shares but each shareholder individually only holds 0.66% of the shares.

**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.