 <p>EAST COAST GROUND FISH QUOTA SHARE PERMIT OWNER 2019</p> <p>NOAA Fisheries – Northwest Fisheries Science Center</p>
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Who is responsible for submitting: All owners of a quota share permit at any time in 2019.

Complete all questions. If a question is not applicable, write "NA" in the answer box. The survey will not be considered complete unless there is an answer to every question.

Submit by November 30, 2020.

Web form submission: Completed "West Coast Groundfish Quota Share Permit Owner" forms must be certified and submitted electronically no later than November 30, 2020.

Retain a copy. Retain a copy of the completed form.

More information: www.nwfsc.noaa.gov/edc.

Questions: Visit the website above or contact Erin Steiner at (866) 791-3726 or NWFSC.EDC@noaa.gov.

Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to take 1 hour per response, including 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 to Erin Steiner, National Marine Fisheries Service, Northwest Fisheries Science Center, 2725 Montlake Blvd E, Seattle, WA 98112.

Additional Information

Before completing this form, please note the following: 1) Notwithstanding any other provision of the 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 660 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect the confidentiality of fishery statistics.


I. Contact Information

1. Provide the contact information for the Quota Share Permit Owner in 2019. Please make sure that the name provided matches the name of the holder of the quota share permit *and* account registered in 2019.

Legal Name of Person, Company, Partnership, or Other Business Entity			Quota Share Permit Number
			QS
			TIN (if business) or DOB (if person)
Business Mailing Address Street or PO Box			Business Phone ()
			Business Fax (<i>optional</i>) ()
City	State	Zip Code	Business Email (<i>optional</i>)

II. Quota Shares Information

1.) Is this quota share account solely owned by a Not-for-Profit organization?

<input type="checkbox"/>	Yes	→	Skip to Question 3	
<input type="checkbox"/>	No	→	Continue to Question 2	

2.) For each owner/partial owner of this quota share permit, check all that apply [system will prompt a response for each owner]:

- Owner of a vessel that fished in the IFQ program in 2019
- Owner of a vessel that fished on the West Coast in 2019
- Vessel operator or crew member that fished in the IFQ program in 2019
- Vessel operator or crew member that fished on the West Coast in 2019
- Retired vessel operator or crew member
- Owner of a fish dealer or fish processor
- Employee of a fish dealer or fish processor
- Employee of a fishing-related business¹ (excluding fish dealers, processors, and quota share holders)
- Family² member of any of the above
- Other, please specify _____

3.) How much was received for leasing quota from this quota permit in 2019?

\$ _____

¹ Fishing-related businesses include net suppliers, gear suppliers, equipment suppliers, fuel, shipyards, various repair services, etc.

² Family is defined as spouse, party to a civil union, parents, children, and siblings (13 C.F.R. § 121.103(f))

III. Certification

4.) Read the following statement, and sign and date the box below.

I certify under penalty of perjury that I have reviewed all the information in this form and that it is true and complete to the best of my knowledge.	
Signature	Date signed ____/____/____ mm dd yyyy
Print Name	

Questionnaire Comments:

[Empty box for questionnaire comments]