


<p>CHARTER HALIBUT LIMITED ACCESS PROGRAM</p>	<p>APPLICATION FOR MILITARY CHARTER HALIBUT PERMIT</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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BLOCK A – MILITARY INFORMATION

Enter the branch of the United States Armed Services represented:

Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR Military Charter Halibut permits on behalf of a United States Military Morale, Welfare and Recreation (MWR) Program.

BLOCK B – APPLICANT INFORMATION

1. Applicant’s Name:

2. Business Mailing Address (Street or P.O. Box, City, State, Zip Code):

3. Business Telephone Number: 4. Business Fax Number: 5. E-mail Address:

BLOCK C – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area:

_____ for 2C and _____ for 3A

BLOCK C –MILITARY MWR APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The individual signing this application is required to provide documentation of his/her authority to apply on behalf of the applicant.

Signature of Applicant:

Date:

Printed Name of individual completing this application:

Rank in Service of individual completing this application on behalf of CQE:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average one hour per response, 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 implement the Charter Halibut Program for IPHC Regulatory Areas 2C or 3A; 3) Federal law and regulations require and authorize NMFS to manage charter halibut programs in Alaska; 4) Submission of this information is mandatory for any entity participating in charter halibut fishing; 5) This information is used to monitor the Charter Halibut Program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.

Application Instructions MILITARY CHARTER HALIBUT PERMIT

NMFS will issue a military charter halibut permit without an angler endorsement to an applicant provided that the applicant is a Morale, Welfare and Recreation Program of the United States Armed Services (MWR). A military charter halibut permit is non-transferable and may be used only in the regulatory area (2C or 3A) designated on the permit.

GENERAL INFORMATION

Application forms are available from National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, website at <http://www.alaskafisheries.noaa.gov>.

When completed, submit the application:

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

Hand Deliver to: Room 713, Federal Building
709 West 9th Street

Or Fax to: (907) 586-7354 fax

Please allow at least **ten working days** for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

Direct any questions you may have to NMFS, RAM at:

1-800-304-4846 (option 2) or 907-586-7202 (option 2).

COMPLETING THE APPLICATION

BLOCK A – MILITARY INFORMATION

Enter the branch of the United States Armed Services represented.

Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR Military Charter Halibut permits on behalf of a United States Military Morale, Welfare and Recreation (MWR) Program

BLOCK B – APPLICANT INFORMATION

1. Applicant's name (*name of the United States Military Morale, Welfare and Recreation Program*)
2. Business mailing address (*Street or P.O. Box, city, state, zip code*)
- 3-5. Business telephone number, business fax number, and business e-mail address

BLOCK C – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area, 2C and 3A.

BLOCK D – MILITARY MWR APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her rank in service, and sign and date this application. This individual must **attach** official documentation from the branch of the United States Armed Services he/she represents to verify the authority to apply for the Military Charter Halibut Permit on behalf of the MWR.