Revised: 12/14/2019 Control No. 0648-0269 Expiration Date: 01/31/2020



# Application For Approval Of USE Of NON-CDQ HARVEST REGULATIONS

U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 Fax: 907-586-7465, Tel: 907-586-7228



**NOTE:** Attach a copy of 1) the voluntary cooperative contract or affidavit and 2) a list of vessels associated with the cooperative or affidavit as required by § 679.32(e)(3).

TYPE OF APPLICATION					
Indicate Type of Application					
[] New Application		[] Amended Approval			
BLOCK A – VOLUNTARY FISHERY COOPERATIVE INFORMATION					
1. Name of Voluntary Cooperative:		2. Name of Cooperative's Representative:			
3. Permanent Business Mailing Address:					
4. Business Telephone Number:	5. Business Fax Number:		6. Business e-mail Address:		
	LOCK B – APPLICA				
[_] Check here if applicant is the same as the entity/person identified in Block A. <b>If YES</b> , proceed to Block C.					
1. Name of Organization:		2. Name of Organization's Representative:			
3. Permanent Business Mailing Addres					
4. Business Telephone Number:	5. Business Fax No	umber:	6. Business e-mail Address:		

BLOCK C CERTIFICATION					
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.					
1. Printed Name of Applicant's	2. Signature of Representative:	3. Date:			
Representative:					

BLOCK D – COOPERATIVE VESSEL INFORMATION (duplicate additional sheets as needed)					
Vessel Name	Federal Fisheries Permit No.	License Limitation Program No.			

#### Instructions

## APPLICATION FOR

## APPROVAL OF NON-CDQ HARVEST REGULATIONS

## **GENERAL INFORMATION**

The Western Alaska Community Development Quota (CDQ) Program is an economic development program associated with Federally managed fisheries in the Bering Sea and Aleutian Islands Management Area (BSAI). A CDQ representative or cooperative manager may submit to NMFS an application for the use of non-CDQ regulations when the CDQ regulations are more restrictive than the regulations otherwise required for participants in non-CDQ groundfish fisheries. This application may be submitted to NMFS at any time.

Once approved, an application to use alternative CDQ harvest regulations is effective as of the date on which NMFS approves the application. The approval is effective until the requesting entity withdraws its application, or until there is a change in the membership of the voluntary cooperative, whichever occurs first.

NMFS will approve an application to use non-CDQ harvest regulations if:

- ♦ All of the information submitted with the application complies with the requirements of 50 CFR part 679.32(e)(2) and (3),
- ♦ The vessels listed on the application form represent a majority of vessels participating in an applicable sector, and
- ♦ The relevant CDQ harvest regulations are more restrictive than the non-CDQ regulations for the applicable sector.

## **Additionally**

Retain a copy of completed application for your records.

Submit the completed application via one of the following means:

By fax to 907-586-7465

By mail to Sustainable Fisheries Division

NMFS Alaska Region

PO Box 21668

Juneau, AK 99802-1668

If you have any questions, or if you need any assistance in completing the application, please call NMFS Sustainable Fisheries at 907-586-7228.

## **COMPLETING THE APPLICATION**

Submit the following information on this form:

### TYPE OF APPLICATION

Indicate whether this application is for a new application or an amended approval.

## BLOCK A – VOLUNTARY FISHERY COOPERATIVE INFORMATION

- 1. Name of the voluntary cooperative.
- 2. Name of the cooperative's representative.
- 3. Permanent business mailing address.
- 4-6. Business telephone number, Business fax number, and Business e-mail address.

#### **BLOCK B – APPLICANT INFORMATION**

If applicable, check box denoting that information in Block A is the same as that requested in Block B. If the Cooperative and the Applicant are not the same, enter the following:

- 1. Name of the applicant's organization.
- 2. Name of the organization's representative.
- 3. Permanent business mailing address.
- 4-6. Business telephone number, Business fax number, and Business e-mail address.

# **BLOCK C - CERTIFICATION**

Enter the Representative's printed name, signature, and date signed.

## **BLOCK D – COOPERATIVE VESSEL IDENTIFICATION** (Attach additional sheet if necessary.)

Name

Federal Fisheries Permit (FFP) number, and

License Limitation Groundfish (LLG) license number of each vessel

# ATTACHMENTS -- COOPERATIVE DOCUMENTATION

The applicant must include either a copy of the current voluntary fishing cooperative contract demonstrating participation in the cooperative by the owners of each of the vessels named on the application form or an affidavit that includes the information required in this paragraph (e)(3)(i)(B).

NMFS must be able to determine the following information from the voluntary fishing cooperative contract or the affidavit:

- the name of the authorized representative of the cooperative;
- the printed names and signatures of each vessel owner that is a party to the voluntary cooperative;
- the vessel name, FFP number, and LLP license number for each vessel managed under the cooperative; and
- the target species, processing mode, gear types, and management area(s) associated with the voluntary cooperative's federal fishing operations.

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## **Paperwork Reduction Act Statement**

- 1. This information is required to manage commercial fishing effort of the CDQ Program in the Bering Sea and Aleutian Islands under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) as amended in 2006.
- 2. Public reporting burden for this collection-of-information is estimated to average 5 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.
- 3. Notwithstanding any other provision of 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.

#### **Privacy Act Statement**

**Authority**: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801, *et seq*.

Purpose: NMFS is collecting this information to manage the Western Alaska Community Development Quota (CDQ) Program. Routine Uses: NMFS will use this information to determine eligibility of an entity to use non-CDQ regulations or to amend information previously submitted by a CDQ group. NMFS approval letter and list of vessels eligible to fish under non-CDQ regulations is a public document and will be released to the public upon request. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among authorized staff for work-related purposes. Disclosure of this information is also subject to the published routine uses identified in the <a href="Privacy Act System of Records Notice">Privacy Act System of Records Notice</a> <a href="COMMERCE/NOAA-19">COMMERCE/NOAA-19</a>, Permits and Registrations for the United States Federally Regulated Fisheries.

**Disclosure**: Furnishing this information is required to obtain or retain benefits. Failure to provide complete and accurate information may delay or prevent an entity from receiving approval to use non-CDQ harvest regulations.