
	QS/IFQ BENEFICIARY DESIGNATION FORM	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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Quota share (QS) holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.

If the QS holder does not leave a surviving spouse, he/she may name an immediate family member to be the beneficiary. NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, **unless a contrary intent is expressed by the decedent in a Will** and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer (lease) of individual fishing quota (IFQ) only resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

QS/IFQ can only be held by a U.S. citizen.

<i>BLOCK A - IDENTIFICATION OF QS HOLDER</i>		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:
<i>BLOCK B - IDENTIFICATION OF BENEFICIARY</i>		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK C - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Is the beneficiary named on this form the spouse of the QS holder?

YES [] NO []

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D - SIGNATURE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

Signature of QS Holder:

Date:

Printed Name of QS Holder (*If completed by an authorized representative, attach authorization*):

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes 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 aspect of this collection of information, including 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.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) 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; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801, *et seq.*); 3) Some information collected on this application form is made available to the public on the NMFS, Alaska Region, webpage (www.alaskafisheries.noaa.gov). Other information is confidential under section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

PRIVACY ACT STATEMENT

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

PURPOSE: NMFS uses the information provided on this form to identify the designated beneficiary of a quota share holder. This information is necessary to provide temporary transfer privileges to families of deceased QS holders in the absence of a surviving spouse.

ROUTINE USES: Disclosure of this information is subject to the published routine uses identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries. NMFS may post some information from this form on its public website (www.alaskafisheries.noaa.gov). In addition, NMFS may share information submitted on this form with other State and Federal agencies or fishery management commissions, including staff of the North Pacific Fishery Management Council and Pacific States Marine Fisheries Commission.

DISCLOSURE: Providing this information is voluntary; however, the failure to provide complete and accurate information may prevent or delay NMFS from issuing survivorship transfer privileges to a quota share holder's beneficiary.

INSTRUCTIONS
QS/IFQ BENEFICIARY DESIGNATION FORM

Individuals who hold Pacific halibut or sablefish Quota Share (QS) may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death (see 50 CFR 679.41(k)).

NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, unless a contrary intent is expressed by the decedent in a Will and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer (lease) of individual fishing quota (IFQ) only resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder. A beneficiary is the surviving spouse or an immediate family member as defined at 50 CFR 679.2:

An immediate family member includes an individual with any of the following relationships to the QS holder:

- (1) Spouse, and parents thereof;
- (2) Sons and daughters, and spouses thereof;
- (3) Parents, and spouses thereof;
- (4) Brothers and sisters, and spouses thereof;
- (5) Grandparents and grandchildren, and spouses thereof;
- (6) Domestic partner and parents thereof, including domestic partners of any individual in 1 through 5 of this definition; and
- (7) Any individual related by blood or affinity whose close association with the QS holder is the equivalent of a family relationship.

QS/IFQ can only be held by a U.S. citizen.

GENERAL INFORMATION

Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

An application may be submitted to NMFS by mail or delivery.

When completed, submit the original application

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

or deliver to: **Room 713, Federal Building
709 West 9th Street
Juneau, AK 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery. Additional information is available from RAM, as follows:

Website: <https://alaskafisheries.noaa.gov/fisheries-applications>

Telephone (toll free): 800-304-4846 (press "2")

Telephone (in Juneau): 907-586-7202 (press "2")

e-Mail: RAM.Alaska@noaa.gov

QS/IFQ Beneficiary Designation Form

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF QS HOLDER

1. Enter name of QS holder
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK B – IDENTIFICATION OF BENEFICIARY

1. Enter name of beneficiary.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK C -- RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Indicate if the beneficiary named on this form is the spouse of the QS holder.

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

The QS Holder must enter printed name, signature, and date signed. Signature indicates that the information presented is true, correct, and complete.