

## Application for Allocation Transfer

**Instructions:** This application must be completed and signed by both the transferor and transferee. Once signatures from both the transferor and transferee are completed, the form can be scanned and emailed to [nmfs.ser.catchshare@noaa.gov](mailto:nmfs.ser.catchshare@noaa.gov), or mailed to Catch Share Support, National Marine Fisheries Service, Sustainable Fisheries Division, F/SER29, 263 13th Avenue South, St. Petersburg, FL 33701.

<b>Type of Transfer</b> (Check only one)	
<input type="checkbox"/> From my Shareholder Account to another Shareholder's Account	<input type="checkbox"/> From my Shareholder Account to another Shareholder's Vessel Account

**Transferor** (From)

Account UserID: \_\_\_\_\_ Account Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Transferee** (To)

Account UserID: \_\_\_\_\_ Account Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Transfer Details**

Share Category: \_\_\_\_\_  
Pounds (gutted weight): \_\_\_\_\_  
Price Per Pound: \_\_\_\_\_

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Pounds (gutted weight): \_\_\_\_\_  
Price Per Pound: \_\_\_\_\_

The undersigned affirm the allocation transfer is pursuant to 50 CFR 622.21 and 622.22. Until this document is signed and made available to NOAA's National Marine Fisheries Service, Southeast Regional Office, the transfer of said allocation is pending. The undersigned understands once the transfer of said allocation is completed, the transferor's allocation will be reduced and the transferee's allocation will be increased by the amount authorized to be transferred above. The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. 1746; 18 U.S.C. 1621; 18 U.S.C. 1001, 16 U.S.C. 1857). Knowingly supplying false information for the purpose of transferring allocation is a violation of federal law punishable by a fine and/or imprisonment. NOAA's National Marine Fisheries Service can disapprove this transfer if any portion of this agreement is found to be incorrect. Please note: The individual signing below MUST be either the IFQ account holder OR must be one of the officers or shareholders in the corporation named on the account.

_____	_____	_____	_____
Transferor Signature	Date	Transferee Signature	Date

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0551. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the PRA Officer, National Marine Fisheries Service, Southeast Regional Office, 263 13th Ave S, St. Petersburg, FL 33701.

All data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.