
	<p><b>Application For Annual CRAB HARVESTING COOPERATIVE INDIVIDUAL FISHING QUOTA PERMIT</b></p>	<p>U.S. Department of Commerce NOAA/National Marine Fisheries Service 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> 	
<p><b>Annual Application Deadline – June 15</b></p> <p><b>NOTE:</b> To be considered complete, this application must be accompanied by the following documents:</p> <ol style="list-style-type: none"> <li>1. A copy of the Cooperative’s business license;</li> <li>2. A copy of the Cooperative’s Articles of Incorporation or Partnership Agreement; and,</li> <li>3. A copy of the Cooperative Agreement (if different from #2 above).</li> </ol>			
<p><b>BLOCK A – IDENTIFICATION OF COOPERATIVE</b></p>			
<p>1. Name of Cooperative:</p>		<p>2. Date of Incorporation:</p>	
<p>4. Business Mailing Address of Cooperative:</p>		<p>3. State in which cooperative is legally registered as a business entity:</p> <p>5. Business Mailing Address of Designated Representative <i>(if different from Cooperative Business Mailing):</i></p>	
<p>6. Type of business entity:</p> <p style="text-align: center;"> <input type="checkbox"/> Cooperative                      <input type="checkbox"/> Partnership                      <input type="checkbox"/> Other             </p> <p>(If other, specify) _____</p>			
<p>7. Business Telephone No.:</p>	<p>8 Business FAX No.:</p>	<p>9. Business e-mail Address:</p>	
<p>10. Name of Designated Representative:</p>	<p>11. Signature of Designated Representative:</p>	<p>12. Date Signed</p>	

**BLOCK B – MEMBERS OF THE COOPERATIVE**

**NOTE:** All holders of Quota Share (QS) in the BSAI Crab Rationalization fisheries are eligible for membership in a Cooperative; however, each cooperative must have a minimum of four unique QS holding entities. Block B may be duplicated, as necessary, to provide all member information.

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Instructions  
APPLICATION FOR AN CRAB HARVESTING COOPERATIVE IFQ PERMIT

A Crab Harvesting Cooperative individual fishing quota (IFQ) Permit is an annual permit that authorizes the cooperative to harvest a defined annual amount of crab during a crab fishing year (July 1 through June 30). The amount of crab authorized by the permit is derived from the aggregate IFQ amounts that would otherwise have been issued to the members of the cooperative. Each cooperative will be issued a separate IFQ permit for each type of quota share (QS) held by its members.

A completed application for an annual crab harvesting cooperative IFQ permit must be submitted annually by each crab harvesting cooperative and received by NMFS **no later than June 15**. **Each member of the crab harvesting cooperative must be listed in Block B**. Each member of the crab harvesting cooperative is responsible for submitting an Annual Crab Individual Fishing Quota (IFQ) Permit application to NMFS no later than June 15.

If a complete application is not received by NMFS by this date, or postmarked by this date, the crab harvesting cooperative will not receive IFQ for the upcoming crab fishing year. In the event that NMFS has not received a complete and timely application by June 15, NMFS will presume that the application was timely filed if the applicant can provide NMFS with proof of timely filing.

**ATTACHMENTS:** To be considered complete, this application must be accompanied by the following documents:

- ◆ A copy of the Cooperative's business license;
- ◆ A copy of the Cooperative's Articles of Incorporation or Partnership Agreement; and,
- ◆ A copy of the Cooperative Agreement (if different from Articles above).

***COMPLETING THE APPLICATION***

**BLOCK A –IDENTITY OF COOPERATIVE:**

1. Enter name of the cooperative.
2. Enter date of incorporation.
3. Provide the state in which the cooperative is legally registered as a business entity.
4. Enter business mailing address of cooperative.
5. Enter business mailing address of designated representative, if different from No. 4.
6. Provide the type of business entity under which the cooperative is organized.  
A cooperative may be formed as a partnership, a corporation, or as another legal business entity that is registered under the laws of one of the 50 states or the District of Columbia.
- 7-9. Provide the business telephone number, fax number, and e-mail address for the cooperative or its designated representative.
10. Provide the name of the cooperative's designated representative Affix signature of the cooperative's designated representative.
- 11-12. Designated representative's signature and date signed.

## BLOCK B – MEMBERS OF THE COOPERATIVE

A crab harvesting cooperative must have a minimum of four unique QS holding entities. A unique QS holding entity is a QS holder or group of affiliated QS holders that are not affiliated with any other QS holders or QS holding entities in the crab harvesting cooperative

Provide the full name and NMFS Person ID for each member of the cooperative. Duplicate Block B as necessary to provide all names and ID numbers.

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### Paperwork Reduction Act Statement

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 0648-0514. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 23 hours 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 required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Assistant Regional Administrator, Sustainable Fisheries Division, NMFS Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

### 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 Crab Rationalization Program.

**Routine Uses:** NMFS will use this information to issue IFQ permits to crab harvesting cooperatives. Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. 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 Privacy Act System of Records Notice [COMMERCE/NOAA-19, 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 eligible entity from receiving a Crab Harvesting Cooperative IFQ Permit.

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