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|  | Application for Transfer of Crab QS/IFQ to or from an Eligible Crab Community Organization (ECCO) | U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free/ (907) 586-7202 in Juneau (907) 586-7354 fax  |
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This form may only be used if an Eligible Crab Community Organization (ECCO) is the proposed transferor (seller) or the proposed transferee (buyer) of the Quota Share (QS) or Individual Fishing Quota (IFQ).

- ◆ The party to whom an ECCO is seeking to transfer the QS/IFQ must hold a Transfer Eligibility Certificate (TEC) issued by RAM.
- ◆ This application will not be considered complete until NMFS verifies that applicant submitted the annual crab Economic Data Report and paid all outstanding fee obligations.

ATTACHMENTS

- ◆ A copy of the terms of agreement for the transfer, the bill of sale for QS or PQS, or lease agreement for IFQ or IPQ.
- ◆ An affirmation that the individual receiving IFQ from an ECCO has been a permanent resident in the ECCO for a period of 12 months prior to the submission of this application to or from an ECCO on whose behalf the ECCO holds QS.
- ◆ ECCO verification that he/she submitted a completed annual report.
- ◆ Applications involving the permanent transfer of PQS outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community was offered the **right of first refusal** on the sale of this PQS.

BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)

| | | |
|--|-------------------------|---|
| 1. Name: | | 2. NMFS Person ID: |
| 3. Permanent Business Mailing Address: | | 4. Temporary Business Mailing Address (<i>if applicable</i>): |
| 5. Business Telephone Number: | 6. Business Fax Number: | 7. E-mail address: |
| 8. Is transferor an ECCO? <div style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> | | |
| 9. If YES , provide name of Community represented by the ECCO _____ | | |
| 10. Has transferor submitted an EDR, if required to do so under § 680.6? <div style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> </div> | | |
| 11. Has transferor paid all fees, as required by § 680.44? <div style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> </div> | | |

BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER)

| | | | |
|--|-------------------------|---|--|
| 1. Name | | 2. NMFS Person ID: | |
| 3. Permanent Business Mailing Address: | | 4. Temporary Business Mailing Address (see instructions): | |
| 5. Business Telephone Number: | 6. Business Fax Number: | 7. Business E-mail Address: | |
| 8. Is transferee an ECCO? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 9. If YES, provide name of Community represented by the ECCO _____ | | | |
| 10. Has transferee submitted an EDR, if required to do so under § 680.6? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> | | | |
| 11. Has transferee paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> | | | |

BLOCK C -- IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

(Complete Block E if QS and IFQ are to be transferred together or if you are applying to transfer QS only)

| | | | | | |
|---|--------------------------|--------------------|--|--|--|
| 1. QS Species: <input type="checkbox"/> BBR <input type="checkbox"/> EBT <input type="checkbox"/> WBT <input type="checkbox"/> BSS <input type="checkbox"/> EAG <input type="checkbox"/> PIK <input type="checkbox"/> SMG <input type="checkbox"/> WAG <input type="checkbox"/> WAI | | | 2. QS Type: <input type="checkbox"/> CPO <input type="checkbox"/> CVO <input type="checkbox"/> PQS <input type="checkbox"/> CPC <input type="checkbox"/> CVC | | |
| 3. Number of QS or IFQ to be transferred: | 4. Number of IFQ pounds: | 5. Total QS units: | | | |
| 6. Range of serial numbers to be transferred (shown on QS certificate): To _____ From _____ | | | | | |
| 7. Name of community to which QS are currently assigned: | | | | | |
| 8. Should remaining IFQ pounds for the current fishing year be transferred? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | If NO, specify number of pounds to be transferred | | |
| 9. Reason for transfer (check all that apply) <input type="checkbox"/> ECCO management and administration <input type="checkbox"/> Fund additional QS purchase <input type="checkbox"/> Dissolution of ECCO <input type="checkbox"/> Participation by community residents <input type="checkbox"/> Other (specify) _____ | | | | | |

BLOCK D - TRANSFER OF IFQ ONLY (LEASE OF IFQ)

This block should only be completed if the ECCO is applying to transfer IFQ to a permanent resident of the community on whose behalf the ECCO holds the QS.

IFQ Permit Number:

Year of Permit:

Number of IFQ pounds:

Note: If the ECCO is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must **sign the application**.

Additionally, attach a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.

BLOCK E – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)

1. Is a broker being used for this transaction? YES NO

If YES, how much is being paid in brokerage fees?

\$ _____ or _____ % of total price

2. What is the total amount being paid for the QS/IFQ or QS/IPQ in this transaction, including all fees?

3. Give both the price per unit of QS and the price per pound of IFQ or IPQ:

\$ _____ /Unit of QS IFQ/IPQ \$ _____ /#
(Price divided by QS Units) (Price divided by IFQ pounds)

4. Reason for transfer (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> ECCO management and administration | <input type="checkbox"/> Fund additional QS purchase |
| <input type="checkbox"/> Participation by community residents | <input type="checkbox"/> Dissolution of ECCO |
| <input type="checkbox"/> Other (specify) _____ | |

BLOCK F -- METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ, IPQ (TRANSFEE)

1. Will the QS/IFQ being purchased have a lien attached? YES NO

If YES, provide the name of lien holder _____

2. What is the primary source of financing for this transfer? (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal resources (cash) | <input type="checkbox"/> AK Com. Fish & Ag. Bank | <input type="checkbox"/> Received as a gift |
| <input type="checkbox"/> Private bank/credit union | <input type="checkbox"/> Transferor/seller | <input type="checkbox"/> NMFS loan program |
| <input type="checkbox"/> Alaska Dept. Of Commerce | <input type="checkbox"/> Processor/fishing company | <input type="checkbox"/> Other (explain) |
- _____

3. How was the QS/IFQ located (check all that apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Advertisement/public notice | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Personal friend | <input type="checkbox"/> Casual acquaintance | <input type="checkbox"/> Other (explain) |
- _____

4. What is the relationship, if any, between the transferor and the transferee? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Business partner | <input type="checkbox"/> ECCO Community Member |
| <input type="checkbox"/> Other (please explain) _____ | | |

5. Is there an agreement to return the QS or IFQ to the transferor, or any other person, or with a condition placed on resale?

- YES NO

If YES, please explain: _____

Attach a copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ

This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application.

BLOCK G – CERTIFICATION OF TRANSFEROR

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

1. Signature of Transferor or Authorized Representative:

2. Date:

3. Printed Name Transferor or Authorized Representative **Note:** If completed by representative, **attach** authorization:

4. Notary Public Signature:
ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

BLOCK H – CERTIFICATION OF TRANSFEREE

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.

| | | | |
|---|--|-------------------------------------|--|
| 1. Signature of Transferee or Authorized Representative: | | 2. Date: | |
| 3. Printed Name Transferee or Authorized Representative Note: If completed by representative, attach authorization: | | | |
| 4. Notary Public Signature: ATTEST | | 5. Affix Notary Stamp or Seal Here: | |
| 6. Commission Expires: | | | |

Applications involving the permanent transfer of processor quota share (PQS) outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.

BLOCK I – CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE
(Required only when ECCO proposes to permanently transfer Quota Share)

I am a duly authorized representative of the community (listed in Block C or Block D) on whose behalf the ECCO is proposing to transfer QS; by my signature below, I attest that the applicant ECCO has the approval of our community to complete this permanent QS transfer, for the reasons set out on this application.

| | | | |
|--|--|-------------------------------------|--|
| 1. Signature of Community Representative: | | 2. Date: | |
| 3. Printed Name and Title of Community Representative: | | | |
| 4. Notary Public Signature: ATTEST | | 5. Affix Notary Stamp or Seal Here: | |
| 6. Commission Expires: | | | |

Instructions
APPLICATION TO TRANSFER QS/IFQ TO, OR FROM,
AN ELIGIBLE CRAB COMMUNITY ORGANIZATION (ECCO)

In the Crab Rationalization (CR) program, eligible cities and boroughs may hold and fish quota share (QS) and individual fishing quota (IFQ). Such communities may be represented by an Eligible Crab Community Organization (ECCO) to provide for transfers of QS/IFQ to and from (and between) ECCOs. Use this application to apply for a transfer of QS or IFQ to or from an ECCO.

Any party to whom the QS/IFQ is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC). If the application is to permanently transfer QS from an ECCO to another party, the application must be signed by a representative of the community for whom the ECCO holds the QS.

This application must be approved by the Regional Administrator before the transferee may use the IFQ to harvest crab QS species.

NMFS will not process or approve this application unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

- ◆ Submit an Economic Data Report (EDR).

An EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is June 28.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

e-mail: info@psmfc.org

- ◆ Payment of all outstanding fees to NMFS on or before July 31.
All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before July 31.

This Application for the Transfer of Crab QS or PQS to or from an ECCO will not be processed between August 1 of any year and the date of issuance of the IFQ or IPQ in CR Program fishery.

Complete the entire application and submit to NMFS, including all attachments; failure to do so could result in delays in the processing of your application.

Please submit an original application only -- a photocopy of an application, or an application submitted by fax will not be processed. Also, ensure that signatures on the application are original and are notarized. RAM will not process an application that does not bear original signatures (faxed applications are not accepted). All signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

Please allow at least **ten working days** for your application to be processed. Without exception, RAM processes applications in the order in which they are received.

ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.

Upon completion, submit the original application,

By mail to: **National Marine Fisheries Service, Alaska Region**
 Restricted Access Management (RAM)
 P.O. Box 21668
 Juneau, AK 99802-1668

or deliver to: **NMFS Alaska Region**
 Attn : RAM
 Room 713, Federal Building
 709 West 9th Street
 Juneau, AK 99802-1668

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.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press “2”)

Telephone (Juneau): 907-586-7202

E-Mail Address: RAM.Alaska@noaa.gov

Web Site: <https://www.fisheries.noaa.gov/region/alaska>

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Enter the name of the transferor; this should be the full name as it appears on the Quota Share Holder Summary Report or the TEC.
2. Enter the NMFS Person ID (as set out on the Quota Share Holder Summary Report or TEC).
3. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.

4. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 5-7. Enter business telephone number, business fax number, and E-mail address.
8. Indicate whether transferor is an ECCO.
9. If transferor is an ECCO, enter the name of the community on whose behalf the ECCO is applying.
10. Indicate whether transferor paid all fees, as required by § 680.44.
11. Indicate whether transferor paid all fees, as required by § 680.44.

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Enter the name of the transferee; this should be the full name as it appears on the Quota Share Holder Summary Report or the TEC.
2. Enter the NMFS Person ID (as set out on the Quota Share Holder Summary Report or the TEC).
3. Enter the permanent business mailing address including P.O. Box number or street, city, state, and zip code.
4. If appropriate, enter the temporary business mailing address (the address to which the transfer documentation should be sent, if different from the permanent address).
- 5-7. Enter business telephone number, business fax number, and E-mail address.
8. Indicate whether transferee is an ECCO.
9. If the proposed transferee is an ECCO, enter the name of the community on whose behalf the ECCO is applying.
10. Indicate whether transferor paid all fees, as required by § 680.44.
11. Indicate whether transferor paid all fees, as required by § 680.44.

BLOCK C – IDENTIFICATION OF QS/IFQ TO BE TRANSFERRED

- 1-2. Enter the QS species and QS type.
- 3-5. Enter the number of QS or IFQ units to be transferred, the total QS units, and number of IFQ pounds to be transferred.
6. Enter the range of serial numbers to be transferred.
7. If the transfer application is submitted on behalf of the community represented by the applicant ECCO, enter the name of the community.
8. Indicate whether all remaining IFQ pounds for the current fishing year are to be transferred.

If NO, specify the number of pounds to be transferred.

BLOCK D – TRANSFER OF IFQ ONLY (LEASE OF IFQ)

This block should only be completed if the ECCO is applying to transfer IFQ to a permanent resident of the community on whose behalf the ECCO holds the QS.

Additionally, applications involving the permanent transfer of PQS outside the community in which the processing facility resides must include a statement by an authorized representative of that community indicating that the community has been offered the right of first refusal on the sale of this PQS.

1. Enter the IFQ Permit Number.
2. Enter the year of the IFQ permit.
3. Enter the actual number of IFQ pounds to be transferred

Note: If the ECCO is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

BLOCK E – PRICE PAID FOR QS, PQS, AND/OR IFQ, IPQ (TRANSFEROR)

1. Indicate whether a broker was used for this transaction.
If YES, enter total brokerage fees paid to the broker or calculate how much was paid as a percentage of the total price.
2. Enter total amount paid for the QS/IFQ in this transaction, including all fees.
3. Price per unit of QS and the price per pound of IFQ
4. Indicate reasons (check all that apply) for transferring QS/IFQ

BLOCK F – METHOD OF FINANCING FOR THE QS, PQS AND/OR IFQ (TRANSFeree)

1. Indicate whether the QS/IFQ being purchased will have a lien attached.
If YES, enter name of lien holder.
2. Indicate one primary source of financing for this transfer.
3. Describe how the QS/IFQ was located; check all that apply.
4. Indicate the relationship, if any, between the transferor and the transferee.
5. Indicate whether an agreement exists to return the QS or IFQ to the transferor or any other person, or with a condition placed on resale.

If YES, explain.

Attach

A copy of the terms of agreement for the transfer, the bill of sale for QS, or lease agreement for IFQ

BLOCK G – CERTIFICATION OF TRANSFEROR

Printed name and signature of transferor and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

If an authorized representative is submitting this application, **attach** proof of authorization to act on behalf of transferor.

BLOCK H – CERTIFICATION OF TRANSFEREE

Printed name and signature of transferee and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

If an authorized representative is submitting this application, **attach** proof of authorization to act on behalf of transferor.

BLOCK I – CERTIFICATION OF ECCO COMMUNITY REPRESENTATIVE

Printed name and signature of ECCO community representative and date signed.

Signature of Notary Public, date commission expires, and notary seal or stamp.

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 2 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 transfer Crab QS/IFQ to or from an Eligible Crab Community Organization. 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 a transfer of Crab QS/IFQ to or from an Eligible Crab Community Organization.
