



**APPLICATION FOR  
TRANSFER OF QS/IFQ BY  
SELF SWEEP-UP**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service (NMFS)  
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 / [RAM.alaska@noaa.gov](mailto:RAM.alaska@noaa.gov) email



**INSTRUCTIONS**

To complete a "Self Sweep-Up" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS form. In the space provided, identify yourself and the blocks of Quota Share (QS) you wish to combine; sign and date the application; **attach the QS Holder Summary Report**; and submit all to RAM at the address above. **NOTE:** To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits**.

**SWEEP UP LIMITS**

Halibut		Sablefish	
Area	Units	Area	Units
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
4A	22,947	WG	48,410
4B	15,087	AI	99,210
4C	30,930	BS	91,275
4D	26,082		

**BLOCK A - APPLICANT INFORMATION**

1. Name (Last, First, Middle Initial):

2. NMFS Person ID:

3. Date of Birth:

4. Business Mailing Address:  Permanent  Temporary

5. Business Telephone Number:

6. Business Fax Number:

7. E-mail address:

**BLOCK B - FIRST QUOTA SHARE BLOCK**

1. Species  
Halibut  or Sablefish

2. IFQ Regulatory Area:

3. Vessel Category:

4. Number of QS Units to be Swept up:

5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):

**BLOCK C - FIRST QUOTA SHARE BLOCK**

1. Species Halibut <input type="checkbox"/> or Sablefish <input type="checkbox"/>	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept up:
5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):	

**BLOCK D - CERTIFICATION OF APPLICANT**

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 QS holder or Authorized Representative:	2. Date:
3. Printed Name of QS Holder or Authorized Representative (If completed by an authorized representative, <b>attach</b> authorization):	

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 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 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](http://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 application to determine eligibility to combine and to combine two blocks of quota share held by the applicant. The information required by this application is necessary to ensure that QS and IFQ are transferred in compliance with the regulations governing transfer of QS and IFQ.

**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](http://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 will prevent NMFS from transferring the QS/IFQ.

**Instructions**  
**APPLICATION FOR TRANSFER OF QS/IFQ**  
**BY SELF SWEEP-UP**

Use this "Self Sweep-Up" transfer form to combine two blocks that you currently hold.

**NOTE:** To be combined, quota share (QS) must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits**.

A **Quota Share Holder Summary Report** is a report that shows all Quota Share holdings of a person. It is provided by NMFS any time that a transfer occurs. A person can obtain a copy by submitting a written request to NMFS, Restricted Access Management Program (RAM). A person may also print a copy of their Quota Share Holder Summary Report through the NMFS on-line service account at:

<https://alaskafisheries.noaa.gov/webapps/ifaaccounts/Login>.

To access this secure website you must use your NMFS ID and password. Your NMFS ID and/or password can be obtained by contacting RAM in writing.

**Attach the QS Holder Summary Report** and submit by U.S. mail or courier with completed application. Submit to RAM:

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

By delivery to:        **709 West 9<sup>th</sup> Street, Room 713**  
                                 **Juneau, AK 99801**

By fax to:                **907-586-7354**

Applications submitted via fax will be accepted only if the faxed copy is legible.

**Please allow at least ten working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

**NOTE: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.**

If you need additional information, call RAM at (800) 304-4846 (Option 2) or (907) 586-7202 (Option 2).

**BLOCK A - APPLICANT INFORMATION**

1. Full name
2. NMFS Person ID
3. Date of Birth
4. Business Mailing Address and indicate whether permanent or temporary
- 5-7. Business Telephone Number, Fax Number, and if available E-mail Address

**BLOCK B - FIRST QUOTA SHARE BLOCK**

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. IFQ Regulatory Area
3. Vessel Category
4. Number of QS Units to be Swept up

5. Starting and ending serial number of shares to be transferred  
[For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

**BLOCK C -- SECOND QUOTA SHARE BLOCK**

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. IFQ Regulatory Area
3. Vessel Category
4. Number of QS Units to be Swept up
5. Starting and ending serial number of shares to be transferred  
[For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

**BLOCK D - CERTIFICATION OF APPLICANT**

1. Sign and print your name and date the application. Application forms submitted to RAM must bear the original signatures of the parties — RAM will not process faxed applications.
2. Representatives signing for an Applicant must submit proof of authorization to submit this application on their behalf.