
	<h2 style="margin: 0;">Application for Temporary Transfer of Halibut/Sablefish Individual Fishing Quota(IFQ)</h2>	
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 / (907) 586-7202 in Juneau (907) 586-7354 fax / <a href="mailto:RAM.alaska@noaa.gov">RAM.alaska@noaa.gov</a> email		

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH EACH APPLICATION. USE THIS CHECKLIST TO ENSURE THAT YOU HAVE INCLUDED ALL REQUIRED DOCUMENTATION:

- Completed & Signed Application
- Copy of the IFQ Permit to be transferred
- Signed Agent Authorization (if applicable)
- Documentation of active military mobilization or deployment (if applicable)

<b>BLOCK A – TYPE OF TEMPORARY IFQ TRANSFER REQUESTED</b>
<p>Generally, IFQ may only be transferred if the Quota Share (QS) from which it is derived is also transferred. There are limited exceptions for temporary transfers of IFQ for Category A IFQ, qualified military service, surviving beneficiaries, and for CDQ groups receiving IFQ by transfer during years of low halibut abundance. There are specific regulatory criteria that must be met before any of these transfers will be approved. <b>A temporary IFQ transfer is valid only for the calendar year in which it is approved. A separate application must be submitted for each IFQ permit that is being temporarily transferred.</b> Please review the application instructions carefully before applying for a temporary transfer of your annual IFQ. Please indicate the type of temporary IFQ transfer requested:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Category A IFQ Transfer</li> <li><input type="checkbox"/> Surviving Beneficiary</li> <li><input type="checkbox"/> Temporary Military Transfer (Complete application includes Block G. This is only available to individuals undergoing military mobilization, or with orders to report for military service, or in active duty military service.)</li> <li><input type="checkbox"/> IFQ transfer to CDQ groups during year of low halibut abundance</li> <li><input type="checkbox"/> Temporary IFQ Transfer for the <span style="background-color: yellow;">20XX</span> fishing year only</li> </ul> <p><small>Note: For emergency medical transfers, please use the Application for Medical Transfer of IFQ available online at <a href="https://www.fisheries.noaa.gov/permit/alaska-ifq-halibut-sablefish-and-cdq-halibut-program-fishery-applications-and-reporting">https://www.fisheries.noaa.gov/permit/alaska-ifq-halibut-sablefish-and-cdq-halibut-program-fishery-applications-and-reporting</a></small></p>

<b>BLOCK B – TRANSFEROR INFORMATION</b>		
1. Name ( <i>Last, First, Middle Initial</i> ):	2. NMFS Person ID:	
	3. Date of Birth:	
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address ( <i>see instructions</i> ):	
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail Address:

<b>BLOCK C – TRANSFEREE INFORMATION</b>	
<i>This individual must be eligible to receive IFQ by transfer</i>	
Does the Transferee (Buyer) hold a Transfer Eligibility Certificate (TEC)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1. Name( <i>Last, First, Middle Initial</i> ):	2. NMFS Person ID:

**BLOCK C – TRANSFEREE INFORMATION**  
*This individual must be eligible to receive IFQ by transfer*

		3. Date of Birth:	
4. Permanent Business Mailing Address:		5. Temporary Business Mailing Address ( <i>see instructions</i> ):	
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail Address:	

**BLOCK D – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

*PLEASE NOTE: a separate application must be submitted for each IFQ permit that is being temporarily transferred.*

1. Halibut <input type="checkbox"/> or Sablefish <input type="checkbox"/>	2. IFQ Regulatory Area:	3. Number of IFQ Pounds
4. From IFQ Permit Number:	5. For Fishing Year:	

**REQUIRED SUPPLEMENTAL INFORMATION**

**Your Application Will Not Be Processed Unless You Provide The Following Information**

**BLOCK E – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Give the price per pound (including leases) \$ _____/pound of IFQ <i>(price divided by IFQ pounds including fees)</i>
2. What is the <b>total amount</b> being paid for the IFQ in this transaction, including all fees? _____

**BLOCK F – TRANSFEREE SUPPLEMENTAL INFORMATION**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Received as a Gift Personal | <input type="checkbox"/> Resources (cash)          | <input type="checkbox"/> AK Com. Fish & Ag. Bank |
| <input type="checkbox"/> NMFS Loan Program           | <input type="checkbox"/> Private Bank/Credit Union | <input type="checkbox"/> Transferor/Seller       |
| <input type="checkbox"/> Processor/Fishing Company   | <input type="checkbox"/> Alaska Dept. of Commerce  | <input type="checkbox"/> Other (explain): _____  |
- 

2. How was the 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 ( <i>explain</i> ) |
- 

3. What is the Transferee's relationship to the IFQ Holder (*check all that apply*)?

- |                                    |  |   |                                 |   |
|------------------------------------|--|---|---------------------------------|---|
| <input type="checkbox"/> Unrelated | <input type="checkbox"/> Family Member | <input type="checkbox"/> Business Partner | <input type="checkbox"/> Friend | <input type="checkbox"/> Other (explain): |
|------------------------------------|--|---|---------------------------------|---|
-

**BLOCK G – TEMPORARY MILITARY TRANSFER**

*(to be completed by Transferor only)*

To be eligible to receive a temporary military transfer, a QS holder must meet all of the following requirements:

- (i) Be a member of a branch of the National Guard or a member of a reserve component;
- (ii) Possess one or more catcher vessel IFQ permits;
- (iii) Not qualify for a hired master exception under 50 CFR 679.42(i)(1); and
- (iv) Be in active duty military service as that term is defined at 10 U.S.C. 101(d)(1), be under a call to active service authorized by the President or the Secretary for a period of more than 30 consecutive days under 32 U.S.C. 502(f), or in the case of a member of a reserve component, have been ordered to report for military service beginning on the date of the member's receipt of the order and ending on the date on which the member reports for active duty military service.

Does the Transferor qualify to hire a master under regulatory provisions at 50 CFR 679.42(i)(1)? See instructions for more information.

YES  NO

Is the Transferor a member of a branch of the National Guard or a member of a reserve component under a call to active service or, in the case of a member of the reserve component, been ordered to report for military service beginning on the date of the member's receipt of the order and ending on the date on which the member reports for active duty military service?

YES  NO

**If YES**, you must provide documentation of active military mobilization or deployment. This documentation must include the following:

- A copy of official documentation such as valid military orders or call that direct the transferor to report to active duty military service, to mobilize for a military deployment, or to report to active service. **AND**
- A concise description of the nature of the military deployment or active duty military service, including verification that the applicant is unable to participate in the IFQ fishery for which he or she holds IFQ permits during the IFQ season because of his or her active duty military service.

**BLOCK H – 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:
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3. Printed Name Transferor or Authorized Representative *Note: If representative, attach authorization*

4. Notary Public Signature: <b>ATTEST</b> <b>NOTE: IN 20XX, A CERTIFICATION FROM A NOTARY IS NOT REQUIRED IN BOX 4, 5, AND 6 OF THIS BLOCK.</b>	5. Affix Notary Stamp or Seal Here:
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6. Commission Expires:
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**BLOCK I – 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:
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3. Printed Name Transferee or Authorized Representative *Note: If representative, attach authorization*

4. Notary Public Signature: <b>ATTEST</b> <b>NOTE: IN 20XX, A CERTIFICATION FROM A NOTARY IS NOT REQUIRED IN BOX 4, 5, AND 6 OF THIS BLOCK.</b>	5. Affix Notary Stamp or Seal Here:
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6. Commission Expires:
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**REPORTING BURDEN 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 0648-0272. 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 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:** This information is used to accurately retrieve confidential records related to federal permits, including individual fishing quota and quota share records specific to the Halibut and Sablefish Individual Fishing Quota Program. This program requires private information collections that were used in quota transactions under in this program.

**Routine Uses:** The Department will use this information to identify fishery participants in order to retrieve confidential records related to IFQ permits. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable State or Regional Marine Fisheries Commissions and International Organizations. Disclosure of this information is also subject to all of the published routine uses as 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 retain the benefit of participation in the Halibut and Sablefish Individual Fishing Quota Program.

**INSTRUCTIONS:**  
**Application for**  
**Temporary Transfer of IFQ (Lease)**

The requirement at 50 CFR part 679.41(c) for an individual fishing quota (IFQ) permit holder to be aboard the vessel during fishing operations and to sign the IFQ landing report may be waived as described at 50 CFR part 679.41(d).

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.

If you need assistance in completing this application or need additional information, call Restricted Access Management at (800) 304-4846 (#2) or (907) 586-7202 (#2).

When completed, submit the application:

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

By delivery to **709 West 9th Street, Room 713**

**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 delay processing of your application.**

**COMPLETING THE APPLICATION**

*Please review the application instructions carefully before applying for a temporary transfer of your annual IFQ. You will need a complete signed and notarized application, a copy of the IFQ permit to be transferred, and documentation for agent authorization.*

**BLOCK A – TYPE OF TEMPORARY IFQ TRANSFER REQUESTED**

Please indicate the type of temporary IFQ transfer requested (Category A IFQ Transfer, Surviving Beneficiary, Temporary Military Transfer, or IFQ transfer to CDQ groups during year of low halibut abundance, temporary IFQ transfer). **Notice: for the 20XX IFQ fishing year only, all QS holders may request a temporary IFQ transfer.**

**BLOCK B -- TRANSFEROR (LESSOR)**

1. Name: Full name as it appears on Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on TEC.
3. Date of Birth: Birth date of the transferor.
4. Permanent Business Mailing Address: Include street or P.O. box number, city, state, and zip code.
5. Temporary Business Mailing Address: Address you want the transfer documentation sent if other than to the permanent address. Include street or P.O. box number, city, state, and zip code.
- 6-8. Business Telephone and Fax Numbers (Include the area codes), and E-mail Address (if any).

**BLOCK C -- TRANSFEREE (LESSEE)**

Please indicate if the Transferee hold a Transfer Eligibility Certificate.

1. Name: Full name as it appears on Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on TEC.
3. Date of Birth: Birth date of the transferee.
4. Permanent Business Mailing Address: Include street or P.O. box number, city, state, and zip code.
5. Temporary Business Mailing Address: Address you want the transfer documentation sent if other than to the permanent address. Include street or P.O. box number, city, state, and zip code.
- 6-8. Business Telephone and Fax Numbers (Include the area codes), and E-mail Address (if any).

#### **BLOCK D – IDENTIFICATION OF IFQ TO BE TRANSFERRED**

1. Indicate whether halibut or sablefish IFQ.
2. IFQ Regulatory Area
3. Number of pounds
4. IFQ Permit Number
5. Indicate Fishing Year

#### **BLOCK E – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. The price per pound of IFQ must be entered for IFQs that are being transferred. (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units or the number of IFQ pounds being transferred.)
2. The total amount entered should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.

#### **BLOCK F – TRANSFEREE SUPPLEMENTAL INFORMATION**

1. Indicate the primary source of financing for this transfer (check one).
2. Indicate how the IFQ was located (check all that apply).
3. Indicate Buyer's relationship to the IFQ Holder (check all that apply).

#### **BLOCK G TEMPORARY MILITARY TRANSFER (To be completed by Transferor [LESSOR] only)**

#### **BLOCK H – CERTIFICATION OF TRANSFEROR**

1. Printed name and signature of Transferor and date signed. If authorized representative, attach authorization.
2. Signature, commission expiration date. **NOTE: IN 20XX, A CERTIFICATION FROM A NOTARY IS NOT REQUIRED IN BOX 4, 5, AND 6 OF THIS BLOCK.**

#### **BLOCK I – CERTIFICATION OF TRANSFEREE**

1. Printed name and signature of Transferee and date signed. If authorized representative, attach authorization.
2. Signature, commission expiration date. **NOTE: IN 20XX, A CERTIFICATION FROM A NOTARY IS NOT REQUIRED IN BOX 4, 5, AND 6 OF THIS BLOCK.**