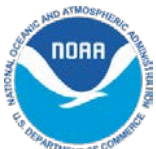
	<p>Application for TRANSFER OF QUOTA SHARE To Or From A COMMUNITY QUOTA ENTITY (CQE)</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax / RAM.alaska@noaa.gov email</p>	
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This transfer form is only used if a Community Quota Entity (CQE) is applying to permanently receive or permanently transfer Quota Share (QS) (with or without IFQ); if not, a different form must be used. The party to whom a CQE is seeking to transfer the QS must hold a Transfer Eligibility Certificate (TEC). If the CQE is applying to permanently transfer QS, a representative of the community on whose behalf the QS is held must sign the application.

BLOCK A – TRANSFEROR (SELLER) INFORMATION		
1. Name (<i>Last, First, Middle Initial</i>):	2. NMFS Person ID:	
3. Name of Community represented by the CQE:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address :

BLOCK B – TRANSFEREE (BUYER) INFORMATION		
1. Name (<i>Last, First, Middle Initial</i>):	2. NMFS Person ID:	
3. Name of Community represented by the CQE:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:

BLOCK C -- QUESTIONS FOR TRANSFEREE

1. Do you request that this QS be included in a **sweep up**, if possible? YES NO

If YES, list the identifier on the QS Certificate into which this new piece should be combined
(Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789)

From: _____ to _____

(Reminder: For sweep-up, **Attach** the original QS Certificates of both the transferor and the transferee)

2. If this is a transfer of Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the Catcher Vessel Category (D, C, or B) in which you would request your QS issued.

"D" (0' to 35' Length Over All) "C" (35' to 60' Length Over All) "B" (greater than 60' Length Overall)

BLOCK D -- IDENTIFICATION OF QS TO BE TRANSFERRED

1. Quota Share to be transferred:

2. Total QS Units:

3. Designation of QS, as shown on the QS Certificate:

From: _____ to _____

NOTES:

Pounds transferred includes a **pro-rata share of any overage** based on the QS units held or transferred and is non-negotiable.

Pounds transferred includes a **pro-rata share of any underage** based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED

BLOCK E -- REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Indicate the reason(s) you are proposing this transfer (*check all that apply and provide a brief explanation on a separate sheet*).

- CQE Management and Administration Participation by Community residents
 Fund additional QS purchase Dissolution of Community Quota
 Entity Other (specify) _____

2. Give the price per unit of QS

\$ _____ /Unit of QS
(Price divided by QS units)

3. What is the total amount being paid for the QS in this transaction, including all fees?

\$ _____

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

If YES, how much is being paid in brokerage fees? \$ _____ or _____ % of total price.

5. Indicate your reasons for transferring the QS (*check all that apply*).

Retirement from fisheries Shares too small to fish Consolidation of shares

Pursue non-fishing activities Trading shares Other (*please explain*)

Health problems Enter other fisheries _____

BLOCK F -- REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION
(*To be completed by proposed transferee*)

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

If YES, identify the person who will hold the lien: _____

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

Personal resources (cash) AK Com. Fish & Ag. Bank Received as a gift

Private bank/credit union Transferor/seller NMFS loan program

Alaska Dept. Of Commerce Processor/fishing company Other (*explain*)

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

Relative Advertisement/public notice Broker

Personal friend Other (*explain*) _____

4. What is your relationship to the Transferor (*check all that apply*)?

No relationship Business partner CQE Community Member

Other (*please explain*) _____

5. Is there an agreement to return the QS to the Transferor, or any other person, or a condition placed on resale? YES NO

If YES, please explain: _____

<i>BLOCK G -- SIGNATURE OF TRANSFEROR</i>	
Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.	
1. Signature of transferor or authorized representative:	2. Date:
3. Printed name of transferor or authorized representative <i>(If an authorized representative, attach authorization)</i> :	

<i>BLOCK H -- SIGNATURE OF TRANSFEREE</i>	
Under penalty of perjury, I swear, or affirm, that I have examined this application and, to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.	
1. Signature of transferee or authorized representative:	2. Date:
3. Printed name of transferee or authorized representative <i>(If an authorized representative, attach authorization)</i> :	

<i>BLOCK I -- SIGNATURE OF CQE COMMUNITY REPRESENTATIVE</i> <i>(Required only when CQE proposes to permanently transfer Quota Share)</i>	
I am a duly authorized representative of the community (listed in Block A) on whose behalf the CQE is proposing to transfer QS; by my signature below, I attest that the applicant CQE 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	

Instructions

APPLICATION TO TRANSFER QS TO, OR FROM, A COMMUNITY QUOTA ENTITY (CQE)

This application is to be used **ONLY** to apply for a transfer of permanent quota share (QS) (with or without IFQ) to or from a CQE. If a CQE is not a party to the proposed transfer, another application should be used.

Any party to whom the QS is proposed to be transferred must hold a Transfer Eligibility Certificate (TEC).

If the application is to permanently transfer QS from a CQE to another party, the application must be signed by a representative of the community for whom the CQE holds the QS.

GENERAL INFORMATION

The halibut and sablefish IFQ Program is administered by the Restricted Access Management (RAM) Program of the Alaska Region, National Marine Fisheries Service (NMFS). Transfers of all Quota Share (QS) and its associated annual individual fishing quota (IFQ) must be approved, in advance, by RAM.

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska and the Aleutian Islands to hold, and to fish, QS and IFQ. Such communities are represented by Community Quota Entities (CQEs), who must use this application to provide for transfers of QS to and from (and between) CQEs. These instructions are designed to help you to use this transfer application form. Some general rules pertain, as follows:

- Please submit a separate application for each proposed QS transfer.
- Please complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.
- An application submitted and signed by an authorized representative for a party to the transfer will not be processed unless clear and unambiguous certification of the representative's authority to do so is provided

When completed, submit the original application

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

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

or deliver to: **Room 713, Federal Building
709 West 9th Street**

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.

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: www.alaskafisheries.noaa.gov/ram

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR (SELLER) INFORMATION

1. Name of the transferor proposing to transfer the QS as it appears on the QS Certificate or the TEC
2. NMFS Person ID (as set out on the QS Certificate or the TEC)
3. If the transferor is a CQE, enter the name of the community on whose behalf the CQE is applying.
4. Business mailing address. Indicate whether permanent or temporary address.
If permanent address, include street or P.O. Box, city, state, and zip code.
If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

5–7. Enter business telephone number, business fax number, and e-mail address (if available).

BLOCK B – TRANSFEREE (BUYER) INFORMATION

1. Name of the party proposing to receive the transfer of QS.
2. NMFS Person ID (as set out on the QS Certificate or the TEC)
3. If the transferee is a CQE, enter the name of the community represented by the CQE.
4. Business mailing address. Indicate whether permanent or temporary address.
If permanent address, include street or P.O. Box, city, state, and zip code.
If temporary, include street or P.O. Box, city, state, and zip code. This address will be used to send the transfer documentation, if different from the permanent address.

5–7. Enter business telephone number, business fax number, and e-mail address (if available).

BLOCK C – QUESTIONS FOR TRANSFEREE

1. Indicate if you intend to combine (“sweep up”) the transferred QS with a block that is currently held. Blocked QS may be combined into one block if the resulting total amount of QS is less than or equal to the following amounts of QS units:

Halibut		Sablefish	
Area	Units	Area	Units
2C	33,320	SE	33,270
3A	46,520	WY	43,390
3B	44,193	CG	46,055
		WG	48,410
		AI	99,210

NOTE: if you intend to sweep up the QS into an existing block, you must fully identify the QS block into which you wish to combine the transferred QS; to do so, complete the blanks by entering the letters and numbers as set out on your QS Holder Summary Report.

2. If this is a transfer of Catcher Vessel “CDQ compensation QS” that has not yet been assigned a catcher vessel length category, you may designate the category. To do so, check the appropriate box (indicating vessel length) to which you wish the QS assigned (note that this will be a permanent assignment of vessel length category).

BLOCK D – IDENTIFICATION OF QS TO BE TRANSFERRED

1. Quota share to be transferred.
2. Total QS units to be transferred.
3. Designation of those QS units (as set out on the QS Certificate).

NOTE:

Pounds transferred includes a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.

Pounds transferred includes a pro-rata share of any underage based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED

BLOCK E – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. If transferor is a CQE, indicate the reason(s) transfer is being proposed. Check all that apply and provide a brief explanation on a separate sheet.
2. Provide the price per unit of QS.
3. Indicate total amount paid for the QS in this transactions, including all fees.
4. Indicate whether a broker is used for this transaction.
If YES, indicate amount paid in brokerage fees or percentage of total price.
5. Indicate reason(s) for transferring QS (check all that apply).

BLOCK F – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate whether the QS will have a lien attached.
If YES, identify the person who will hold the lien.
2. Indicate primary source of financing for this transfer (check one).
3. Indicate how the QS was located (check all that apply).
4. Indicate relationship to the transferor (check all that apply).
5. Indicate whether an agreement exists to return the QS to the transferor or any other person or a condition placed on resale.
If YES, explain.

BLOCK G -- SIGNATURE OF TRANSFEROR

Enter printed name and signature of Transferor or authorized representative and date signed. If the application is completed by the Applicant's authorized representative, **attach** proof of authorization. **The application will be considered incomplete without your signature and will not be processed.**

BLOCK H -- SIGNATURE OF TRANSFEREE

Enter printed name and signature of Transferee or authorized representative and date signed. If the application is completed by the Applicant's authorized representative, **attach** proof of authorization. **The application will be considered incomplete without your signature and will not be processed.**

BLOCK I -- SIGNATURE OF CQE COMMUNITY REPRESENTATIVE

Enter printed name, title, and signature of Community Representative and date signed. **The application will be considered incomplete without your signature and will not be processed.**

PUBLIC 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 0648-0665. Without this approval, we could not conduct this information collection. Public reporting 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. All responses to this information collection are required to obtain benefits pursuant to 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). Send comments regarding this 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.

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: This information is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). NMFS uses the information provided on this application to transfer quota share (QS) to or from a community quota entity. The information required by this application is necessary to ensure that QS are transferred in compliance with the regulations governing the buying and selling of QS.

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. All information collections by NMFS, Alaska Region, are protected under confidentiality provisions of section 402(b) of the Magnuson-Stevens Act as amended in 2006 (16 U.S.C. 1801, et seq.) and under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. NMFS may post some information from this form on its public website (<https://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 required to obtain benefits. Failure to provide complete and accurate information will prevent NMFS from transferring the QS
