



APPLICATION FOR TRANSFER OF QS

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 email



Does the Transferee (Buyer) hold a Transfer Eligibility Certificate (TEC)? YES NO

This application is for the **permanent transfer of Pacific halibut or sablefish quota share (QS)**. A separate application must be submitted for each group of QS being transferred. If you wish to sweep-up small blocks of QS that you already hold use the "Application for Transfer of QS/IFQ by Self Sweep-up." Please use this checklist to ensure your application is complete:

- Completed, signed, and notarized application
- Copy of signed & notarized sales agreement
- Documentation for Authorized Representative (if applicable)
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NOTES: Original applications must be submitted (copies or facsimiles will not be accepted). Incomplete applications will not be processed.
 This form is not for transfer of IFQ only.

BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Name (<i>Last, First, Middle Initial</i>):		2. NMFS Person ID:
		3. Date of Birth:
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 – IDENTIFICATION OF TRANSFEEE (BUYER)

1. Name (<i>Last, First, Middle Initial</i>):		2. NMFS Person ID:
		3. Date of Birth:
4. Permanent 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 – SWEEP-UP OR CDQ COMPENSATION

1. Do you request that this quota share (QS) be included in a **sweep up** (see instructions for sweep-up limits): YES NO

2. **If YES**, list the QS Group Number from your QS Holder Summary Report into which this new QS group is to be combined: _____

3. If this is transfer of Catcher Vessel Western Alaska Community Development Quota (CDQ) Compensation QS and the vessel category has never been declared, check the one Catcher Vessel Category in which you would like to have your QS issued:

- Category D** (0 ft to 35 ft length overall (LOA))
- Category C** (36 ft to 60 ft LOA)
- Category B** (greater than 60 ft LOA)

BLOCK D - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED

You may transfer QS with associated IFQ or you may transfer QS without associated IFQ.

Note: You may not transfer IFQ only using this application form. See instructions for additional information.

1. Halibut or Sablefish

2. IFQ Regulatory Area:

3. Vessel Category:

4. Number of QS Units to be Transferred:

5. Transferor IFQ Permit Number:

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

7. Do you want all remaining pounds for the current fishing year transferred?

YES

NO

If NO, specify the number of pounds to be transferred: _____

- Pounds transferred will include a pro-rata share of **any overage** based on the QS units held or transferred and is non-negotiable.
- Pounds transferred will include a pro-rata share of **any underage** based on the QS held and transferred UNLESS OTHERWISE INSTRUCTED.
- **PLEASE NOTE: A separate application must be submitted for each group of QS being transferred.**

REQUIRED SUPPLEMENTAL INFORMATION

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU PROVIDE THE FOLLOWING INFORMATION

BLOCK E – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. Give the price per pound \$ _____/#IFQ (Price divided by IFQ pounds including fees)

Give the price unit QS \$ _____/Unit of QS (Price divided by QS Unit)

2. What is the **total amount** paid for the QS/IFQ in this transaction, including fees? _____

3. What are the reasons for transferring the QS/IFQ? (*check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Retirement from Fisheries | <input type="checkbox"/> Shares Too Small to Fish | <input type="checkbox"/> Enter other Fisheries |
| <input type="checkbox"/> Pursue Non-Fishing Activities | <input type="checkbox"/> Trading Shares | <input type="checkbox"/> Health Problems |
| <input type="checkbox"/> Consolidation of Shares | <input type="checkbox"/> Other (explain): _____ | |

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.

BLOCK F – REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Will the QS/IFQ being purchases have a lien attached? Yes No

If YES, Name of Lien Holder: _____ Lien Holder NMFS ID #: _____

2. 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): _____ |

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

- Relative Advertisement/Public Notice Broker Personal Friend Other (explain): _____

4. What is the Buyer's relationship to the QS/IFQ Holder (*check all that apply*)?

- Unrelated Family Member Business Partner Friend Other (explain): _____

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

- Yes No

If YES, please explain: _____

NOTE: 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 – SIGNATURE 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 representative, attach authorization*

BLOCK H – SIGNATURE 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 representative, attach authorization*

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.0 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 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, Alaska Region, 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 Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson- Stevens Act as amended in 2006. They are also confidential under 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 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 TRANSFER OF QS

Any person that received Quota Share/Individual Fishing Quota (QS/IFQ) as an Initial Issue or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. A transferee that does not have a TEC will need to contact RAM for instructions on eligibility procedures and a TEC application form.

An Application for Transfer of QS must be approved by the NMFS Regional Administrator before a person may use IFQ that results from a direct transfer to harvest IFQ halibut or IFQ sablefish.

The IFQ Program does not permit transfer of QS subject to any conditions of repossession or resale to the transferor except by court order, operation of law, or security agreement.

GENERAL INFORMATION

- Please submit a separate application for each proposed QS transfer.
- Submit the original application. An application sent by fax will **not** be processed.
- Complete the entire application, and include all attachments; failure to do so could result in delays in the processing of your application.
- If you wish to apply for an IFQ Only Transfer please use the “Application for Emergency Medical Transfer of IFQ” or “Application for Temporary Transfer of Halibut/Sablefish Individual Fishing Quota (IFQ). Please contact our office if you need assistance determining which form to use.
- If you want to apply for a “self sweep-up,” please use the *Self Sweep-Up Form*.

When completed, submit the original application:

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

By Delivery to: **Room 713, Federal Building
709 West 9th Street
Juneau, AK 99801**

Or, by fax to: **907-586-7354**

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 additional information:

Call RAM: 1 (800) 304-4846 (#2) or (907) 586-7202 (#2)

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

Web Site: <https://alaskafisheries.noaa.gov>

COMPLETING THE APPLICATION

Indicate whether the Transferee (Buyer) holds a Transfer Eligibility Certificate (TEC).

Use the checklist to ensure your application is complete. Incomplete applications will not be processed.

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.

BLOCK A – IDENTIFICATION OF TRANSFEROR (SELLER)

1. Full name as it appears on QS Holder Summary Report and/or TEC.
2. NMFS Person ID: As found on QS Holder Summary Report or TEC.
3. Date of Birth.
4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.
- 5–7. Business Telephone Number, Business Fax Number, and Business E-mail address

BLOCK B – IDENTIFICATION OF TRANSFEREE (BUYER)

1. Full name as it appears on QS Holder Summary Report and/or TEC.
2. NMFS Person ID: As found on QS Holder Summary Report or TEC.
3. Date of Birth.
4. Business Mailing Address. Indicate whether permanent or temporary. Include street or P.O. Box number, city, state, and zip code. Use a temporary address to send transfer documentation somewhere other than to the permanent address.
- 5–7. Business Telephone Number, Business Fax Number, and Business E-mail address

BLOCK C – SWEEP-UP OR CDQ COMPENSATION

1. Indicate if you wish to combine (“sweep up”) the transferred block together with a block you already hold. Blocked QS may be swept up into one block if the total amount of QS being combined is less than or equal to the following amounts of QS units per area.

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		

2. QS Group Number
3. If this is a transfer of Catcher Vessel Western Alaska Community Development Quota (CDQ) compensation QS, there is a **one-time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred. CDQ compensation QS is QS issued as compensation for halibut and sablefish harvest privileges foregone due to the CDQ Program

Persons issued CDQ compensation QS in a catcher vessel category and in an IFQ regulatory area in which they do not hold QS other than CDQ compensation QS, may use that CDQ compensation QS on any catcher vessel. This exemption from catcher vessel categories ends upon the first transfer of the CDQ compensation QS. CDQ compensation QS being transferred will be permanently assigned to a specific catcher vessel category as designated by the person receiving the transfer.

BLOCK D – IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED

1. Species: halibut or sablefish
2. IFQ Regulatory Area
3. Vessel Category
4. Number of units to be transferred
5. Transferor IFQ permit number
6. 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**]
7. A **specific number of pounds** must be indicated for each transfer. A pro-rata amount of IFQ (**average pounds**) will be debited from any IFQ transferred based on the QS unit held or transferred. The current QS holder may retain **underage pounds**. However, unless otherwise specified, the underage associated with the QS will be transferred. Please indicate your specific intention.

BLOCK E - REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION

1. The price per pound of IFQ must be entered. 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.
3. Please check all boxes that apply to this transaction.
4. Are you paying a third party to assist with this transaction?
If NO, go to question #2 in Block F.
If YES, put the total price paid to the broker or calculate how much was paid to the third party as a percentage of the total sale price. (The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ, then multiply the result by 100.)

BLOCK F - REQUIRED TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate whether the QS/IFQ will have a lien attached (used as collateral). **If YES**, provide the name and NMFS ID of the lien holder. This name will appear on the QS Certificate.
2. Indicate the primary source of financing for this transfer (check one).
3. Explain how the QS/IFQ was located (check all that apply).
4. Indicate Transferee's relationship to the QS/IFQ holder (check all that apply).
5. Indicate whether there is an agreement to return the QS or IFQ to the Transferor, or any other person, or a condition placed on resale. **If YES**, please explain.

BLOCK G – SIGNATURE OF TRANSFEROR

Applicant must print and sign his or her name and enter the date the application was 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

Applicant must print and sign his or her name and enter the date the application was 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.**