
	<p>Application for a Non-profit Corporation to be Designated as a Recreational Quota Entity (RQE)</p>	<p>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 / RAM.alaska@noaa.gov email</p> 
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BLOCK A - IDENTIFICATION OF APPLICANT		
1. Name of Non-Profit Organization:	2. Tax ID Number	3. NMFS ID:
4. Name of Contact Person:		
5. Permanent Business Mailing Address:		
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail address:

BLOCK B – REQUIRED ATTACHMENTS
<p>Attach the following information to this application. The application will not be processed unless appropriate information and documentation is provided.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The applicant's Articles of Incorporation <input type="checkbox"/> The applicant's Corporate By-laws <input type="checkbox"/> A list of the applicant's key personnel, including its Board of Directors, officers, representatives, and managers <input type="checkbox"/> The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships

BLOCK C – SIGNATURE OF APPLICANT

I am a duly authorized representative of the applicant. By my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative):	2. Date:
3. Printed Name of Applicant (or Authorized Representative): <i>If representative, attach authorization.</i>	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this 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 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 of the applicant to be designated as a Recreational Quota Entity (RQE). Designation as an RQE authorizes the applicant to hold commercial halibut quota share to supplement the annual guided sport catch limit in IFQ regulatory areas 2C and 3A under the Halibut Catch Sharing Plan.

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 posts some information from this form on its public website (www.alaskafisheries.noaa.gov). In addition, NMFS may share information submitted on this application 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 designating the applicant as an RQE.

**INSTRUCTIONS
APPLICATION FOR A NON-PROFIT CORPORATION
TO BE DESIGNATED AS A
RECREATIONAL QUOTA ENTITY (RQE)**

A non-profit organization that intends to establish itself as a recreational quota entity (RQE) for the purposes of acquiring quota share (QS) and individual fishing quota (IFQ) must complete this application for approval. Only a non-profit organization approved by NMFS will be eligible to purchase and/or transfer QS.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 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.

When completed, submit application

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

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

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

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. Additional information is available from RAM, as follows:

**Website: <http://www.alaskafisheries.noaa.gov/ram/default.htm>
Telephone (toll free): 800-304-4846 (press "2")
Telephone (in Juneau): 907-586-7202 (press "2")
e-Mail: RAM.Alaska@noaa.gov**

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF APPLICANT

1. Provide the name of the non-profit entity seeking to become an RQE
2. Provide the Tax ID Number
3. Provide NMFS ID Number
4. Name of the contact person for the non-profit organization applying to become an RQE
5. Enter permanent business mailing address, including street or P.O. Box, city, state, and zip code
- 6-8. Business telephone number, business fax number, and business e-mail address (*if available*)

BLOCK B - REQUIRED ATTACHMENTS

The non-profit organization applying to become an RQE must provide appropriate information and documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application.

BLOCK C – SIGNATURE OF APPLICANT

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.**