
	<p><b>Application for TRANSFER of QUOTA SHARE To or From a RECREATIONAL QUOTA ENTITY (RQE)</b></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 / (907) 586-7202 in Juneau (907) 586-7354 fax / <a href="mailto:RAM.alaska@noaa.gov">RAM.alaska@noaa.gov</a> email</p>	
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This transfer form is only used if a Recreational Quota Entity (RQE) is applying to permanently receive or permanently transfer Quota Share (QS); if not, a different form must be used. The party to whom an RQE is seeking to transfer the QS must hold a Transfer Eligibility Certificate (TEC). If the RQE is applying to permanently transfer QS, a representative of the RQE 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. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address:

**BLOCK B – TRANSFEREE (Buyer) INFORMATION**

1. Name ( <i>Last, First, Middle Initial</i> ):	2. NMFS Person ID:	
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 quota share (QS) be included in a sweep up, if possible?

[ ] YES                       [ ] NO

If YES, list the QS Group Number on the QS Holder Summary Report into which this new piece should be combined.

\_\_\_\_\_

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. Halibut Quota Share to be transferred:

2. IFQ Regulatory Area

3. Vessel Category

4. Total QS Units

5. Designation of QS, as shown on the Quota Share Holder Report:

Group ID: \_\_\_\_\_

Serial Numbers From: \_\_\_\_\_ to \_\_\_\_\_

**BLOCK E – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION**

1. If the RQE is the transferor complete this question. Indicate the reason(s) you are proposing this transfer (*check all that apply*).

- |  |                          |  |     |
|--|--------------------------|--|-----|
| Generate revenue for additional halibut QS   | <input type="checkbox"/> | Generate revenue for halibut conservation or research                              | [ ] |
| Generate revenue to promote halibut resource | [ ]                      | Generate revenue to cover administrative costs for managing the RQE                | [ ] |
| Dissolve the RQE                             | [ ]                      | As a result of a court order, operation of law, or as part of a security agreement | [ ] |
| Other (please describe):                     | [ ]                      |  |     |

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. If the Transferor is not the RQE, complete this section. Indicate your reasons for transferring the QS (*check all that apply*).

Retirement from fisheries	<input type="checkbox"/>	Shares too small to fish	<input type="checkbox"/>	Consolidation of shares	<input type="checkbox"/>
Pursue non-fishing activities	<input type="checkbox"/>	Trading shares	<input type="checkbox"/>	Other ( <i>please explain</i> )	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	Enter other fisheries	<input type="checkbox"/>	_____	

**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)	<input type="checkbox"/>	AK Com. Fish & Ag. Bank	<input type="checkbox"/>	Received as a gift	<input type="checkbox"/>
Private bank/credit union	<input type="checkbox"/>	Transferor/seller	<input type="checkbox"/>	NMFS loan program	<input type="checkbox"/>
Alaska Dept. Of Commerce	<input type="checkbox"/>	Processor/fishing company	<input type="checkbox"/>	Other ( <i>explain</i> )	<input type="checkbox"/>

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

Relative	<input type="checkbox"/>	Advertisement/public notice	<input type="checkbox"/>	Broker	<input type="checkbox"/>
Personal friend	<input type="checkbox"/>	Other ( <i>explain</i> )	<input type="checkbox"/>	_____	

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

No relationship	<input type="checkbox"/>	Business partner	<input type="checkbox"/>
Other ( <i>please explain</i> )	<input type="checkbox"/>	_____	

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: \_\_\_\_\_

\_\_\_\_\_

**BLOCK G -- SIGNATURE OF TRANSFEROR**

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 *(If an authorized representative, attach authorization):*

**BLOCK H -- SIGNATURE OF TRANSFEREE**

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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.

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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>		



## **Instructions**

### **APPLICATION TO TRANSFER QS To, or From, A RECREATIONAL QUOTA ENTITY (RQE)**

This application is to be used **ONLY** to apply for a transfer of permanent quota share (QS) to or from an RQE. If an RQE 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).

### ***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). The RQE program allows a qualified non-profit entity to purchase and hold halibut QS for use by the guided halibut sector. Transfers of all QS must be approved, in advance, by RAM.

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 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. 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: <https://alaskafisheries.noaa.gov/fisheries-applications>**

### ***COMPLETING THE APPLICATION***

#### **BLOCK A – TRANSFEROR (LESSOR) INFORMATION**

1. Name of the transferor proposing to transfer the QS as it appears on the Quota Share Holder Report or the TEC
2. NMFS Person ID (as set out on the Quota Share Holder Report or the TEC)
3. 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 address, 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.
- 4-6. Enter business telephone number, business fax number, and e-mail address (if available).

#### **BLOCK B – TRANSFEREE (LESSEE) INFORMATION**

1. Name of the party proposing to receive the transfer of QS.
2. NMFS Person ID (as set out on the Quota Share Holder Report or the TEC)
3. 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 address, 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.
- 4-6. Enter business telephone number, business fax number, and e-mail address.

#### **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	
Area	Units
2C	33,320
3A	46,520

**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. Halibut quota share to be transferred.
2. IFQ Regulatory Area
3. Vessel Category
4. Total QS units to be transferred.
5. Designation of those QS units (as set out on the Quota Share Holder Report).

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

1. If transferor is an RQE, 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**

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.**

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### ***PUBLIC REPORTING BURDEN STATEMENT***

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. 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.

### ***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) The information collected is 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 transfer quota share (QS) to or from a recreational 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. 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.