


CHARTER HALIBUT LIMITED ACCESS PROGRAM	Application for TRANSFER OF CHARTER HALIBUT PERMIT (CHP)	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 / 586-7202 in Juneau (907) 586-7354 fax	
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BLOCK A - REQUIRED DOCUMENTATION

Use this block to determine which forms and other information must be included with your transfer. Please check each applicable box below to ensure that your application is complete and can be processed in a timely manner.

<input type="checkbox"/> Completed Application	<input type="checkbox"/> Current Original CHP(s) enclosed
<input type="checkbox"/> Power of Attorney <i>(if applicable)</i>	<input type="checkbox"/> Transferee Ownership and affiliation
<input type="checkbox"/> Copy of business sales contract <i>(if applicable)</i>	

BLOCK B - IDENTIFICATION OF CHARTER HALIBUT PERMIT(S) TO BE TRANSFERRED

1. List Charter Halibut Permit Number(s):

2. Is this a transfer of a group of “grandfathered” Charter Halibut Permits initially issued together?

YES NO

If YES, is the transfer of these permits part of the transfer of the transferor’s (sellers) **entire** charter halibut business?

YES NO

NOTE: Transferable charter halibut permits (CHPs) that were initially issued to the same person and are “grandfathered” together over the ownership use caps may continue to transfer together provided that:

- a. The transferor (seller) is transferring the entire charter halibut business to the transferee (receiver);
- b. The receiver does not hold any other CHPs for that area. The transfer of “grandfathered” CHPs cannot be approved if the receiver currently holds other CHPs.

BLOCK C – TRANSFEROR (SELLER) INFORMATION

1. Name of Transferor(s) <i>(as it appears on the CHP)</i> :	2. NMFS Person ID(s):	
3. Name of Business <i>(as it appears on the CHP)</i> :		
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address <i>(if applicable)</i> :	
6. Business Telephone Number:	7. Business Fax Number:	8. Business E-mail Address:

BLOCK D – TRANSFEREE (RECEIVER) INFORMATION

1. Name(s) of Transferee(s):		2. NMFS Person ID(s):	
3a. Is the Transferee(s) an individual who is a U.S. Citizen?: <input type="checkbox"/> YES <input type="checkbox"/> NO b. Is the Transferee(s) a U.S. Business with 75% U.S. ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, STOP here. This person(s) is not eligible to receive a permit. If YES, Indicate type of U.S. Business below and complete Block E. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership or other Association			
4. Name of charter halibut business owned by Transferee(s) (<i>this name will appear on the CHP</i>):			
5. Business Mailing Address:		6. Temporary Business Mailing Address (<i>if applicable</i>):	
7. Business Telephone Number:	8. Business Fax Number:	9. Business E-mail Address:	

REQUIRED SUPPLEMENTAL INFORMATION

Application will NOT BE PROCESSED unless all information requested in Blocks E, F, & G is provided

BLOCK E¹ – OWNERSHIP DOCUMENTATION

To be completed by the Transferee

Provide the names of all persons, and the percentage ownership each person will hold in the receiver of the Charter Halibut Permit(s) in this transfer. List the “first level Owners” of the receiver. If any of those owners are themselves businesses, list each business and all its owners, and so on down each “level,” until all individuals in the ownership “chain” are identified. Attach additional sheets if necessary. See instructions for example.

Name	% Ownership	Name	% Ownership

BLOCK E²—IDENTIFICATION OF AFFILIATION

To be completed by the Transferee

Provide the names of the persons with whom the applicant is affiliated at a 10 percent or greater level of ownership or control. You do not need to repeat owner names provided in Block E¹.

Duplicate this block as necessary to display all of the persons with whom the Transferee is affiliated.

Affiliation means a relationship between two or more entities in which one directly or indirectly owns or controls a 10% or greater interest in, or otherwise controls, another; or a third entity directly or indirectly owns or controls a 10% or greater interest in, or otherwise controls, both.

Name of Affiliate	% Interest	Name of Affiliate	% Interest

BLOCK F - TO BE COMPLETED BY THE TRANSFEROR

1. What is the total amount being paid for the permit(s) in this transaction, including all fees?

\$ _____

2. Does this price include the price of any assets of the charter halibut business other than the transferred permits?

YES

NO

3. What is your reason(s) for transferring the permit? (*check all that apply*):

Retirement from the fishery(*ies*)

Enter other fishery(*ies*)

Pursue non-fishing activities

Health problems

Other (*explain*):

BLOCK G – TO BE COMPLETED BY THE TRANSFEREE

1. Is the permit being used as collateral for a loan?

YES

NO

If YES, name of party holding security interest or lien:

2. Does the transfer of this Charter Halibut Permit(s) include the sale of all assets of the transferor's charter halibut business?

YES

NO

If YES, identify Name of Business and **attach** a copy of the transfer sales or gift agreement.

3. Does the transferee currently hold other Charter Halibut Permits?

YES

NO

If YES, the transfer of "grandfathered" Charter Halibut Permits or the transfer of permits that would result in the receiver holding more than five (5) Charter Halibut Permits for an area **cannot be approved**.

4. Is there an agreement to return the permit(s) to the transferor?

YES

NO

to transfer the permit(s) to any other person?

YES

NO

If YES to either question, please explain (*use attachment if necessary*):

5. Is there any condition requiring the resale or conveyance of the permit(s)?:

YES

NO

If YES, please explain (*use attachment if necessary*):

BLOCK H – SIGNATURE OF TRANSFEROR

Under penalty of perjury, I hereby declare that I have examined this application, and the information presented herein is true, accurate, and complete to the best of my knowledge and belief.

1. Signature of Transferor (*Seller*) or Authorized Representative:

2. Date:

3. Printed Name of Transferor (*Seller*) or Authorized Representative:

BLOCK I – SIGNATURE OF TRANSFEEE

Under penalty of perjury, I hereby declare that I have examined this application, and the information presented herein is true, accurate, and complete to the best of my knowledge and belief.

1. Signature of Transferee (*Receiver*) or Authorized Representative:

2. Date:

3. Printed Name of Transferee (*Receiver*) or Authorized Representative:

Instructions
For APPLICATION FOR TRANSFER OF CHARTER HALIBUT PERMIT (CHP)

GENERAL INFORMATION

Additional application forms are available from NMFS, Alaska Region, web site at <https://www.fisheries.noaa.gov/region/alaska>

- ◆ Both the proposed transferor(s) and the proposed transferee(s) or their authorized representatives must complete and sign this application.
- ◆ Original current permits must be attached. If you have lost your original permit, you will need to complete a replacement application form. This application is available on the NMFS, Alaska Region web site at <https://www.fisheries.noaa.gov/region/alaska>.

You may also call RAM at one of the numbers listed below and request the application be mailed or faxed to you; or you may visit the RAM office (*709 W 9th Street, 7th Floor, Suite 713, Juneau, Alaska*) and pick up the application.

When completed, submit application and attachments

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

By Fax to: (907) 586-7354 fax

Hand Deliver to: **709 West 9th Street, Room 713**
Juneau, AK 99801

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.

- ◆ It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.
- ◆ Direct any questions you may have to NMFS, RAM at 1-800-304-4846 (option 2) or 907-586-7202 (option 2).

COMPLETING THE APPLICATION

NOTE: Transferor is the seller or gifter of the charter halibut permit.
Transferee is the receiver or buyer of the charter halibut permit.
There may be multiple Transferors and Transferees all must be listed on the Application for Transfer.

BLOCK A - REQUIRED DOCUMENTATION

Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application.

BLOCK B - IDENTIFICATION OF CHARTER HALIBUT PERMIT(S) (CHPs) TO BE TRANSFERRED

1. List CHP number(s). Enter the permit number of each CHP to be transferred. You may use one application to transfer multiple permits held by the same transferor(s) to the same transferee(s).
2. Indicate if this transfer is for a group of “grandfathered” transferable CHPs.

“Grandfathered” CHPs are a group of more than five (5) linked permits initially issued to a transferor whose initial permit award exceeded the five (5) permit ownership cap. Only those permits that were initially issued as “transferable” permits may be transferred to another party.

If YES, indicate whether the transfer of these permits is part of the transfer of the transferor’s **entire charter halibut business**. The transfer of CHPs that were grandfathered together over the ownership use caps may continue to transfer together provided that the transferor is selling the **entire charter halibut business** to the transferee(s), and providing that the transferee is not currently holding any CHPs for that area. **A copy of the business sale contract or gift agreement that includes the entire charter halibut business must be provided.**

If NO, this is not a transfer of “grandfathered” CHPs, continue completion of application form.

BLOCK C – TRANSFEROR (SELLER) INFORMATION

1. Enter the full name(S) of current CHP holder(s) as appears on the CHP listed in Block B.
2. Enter NMFS Person ID(s) of the Transferor(s).
3. Enter the name of the charter halibut business owned by the Transferor(s) (*as it appears on the CHP*).
4. Enter the permanent business mailing address; including city, state, and zip code.
5. Enter the temporary business mailing address (*include city, state, and zip code*), if you would like the transfer documentation sent somewhere other than to your permanent address.
- 6-7. Enter the business telephone and fax numbers, including area code.
8. Enter the business e-mail address.

BLOCK D – TRANSFEREE (RECEIVER) INFORMATION

1. Enter the name(s) of all persons receiving the CHPs to be transferred
2. Enter NMFS Person ID(s) of the Transferee(s)
- 3a. Indicate if the transferee is a U.S. citizen.
IF NO, STOP. This person is not eligible to receive a CHP by transfer.
IF YES, indicate type of U.S. Business.
- 3b. Indicate if the transferee is a U.S business with at least 75 percent U.S. ownership.
IF NO, STOP. This business is not eligible to receive a CHP by transfer.
IF YES, indicate the type of business entity

NOTE: Being an initial recipient of one or more CHPs does not entitle you to receive additional permits by transfer if you do not meet the U.S. Citizen or U.S. business requirement.

4. Enter the name of the charter halibut business owned by the Transferee (*this business name will appear on the CHP*).
5. Enter the permanent business mailing address, (*include city, state, and zip code*).
6. Enter the temporary business mailing address (*include city, state, and zip code*), if you would like the transfer documentation sent somewhere other than to your permanent address.
- 7-8. Enter the business telephone and fax numbers, including area code.
9. Enter the business e-mail address (*if available*).

REQUIRED SUPPLEMENTAL INFORMATION
APPLICATION WILL NOT BE PROCESSED
UNLESS ALL INFORMATION REQUESTED IN BLOCKS E, F AND G ARE PROVIDED

BLOCK E¹ – OWNERSHIP DOCUMENTATION (to be provided by the Transferee)

Provide the names of all persons, and the percentage ownership each person will hold in the receiver of the CHP in this transfer. List the “first level Owners” of the receiver. If any of those owners are themselves businesses, list each business and all its owners, and so on down each “level,” until all individuals in the ownership “chain” are identified. **Attach** additional sheets if necessary.

Information should be provided to the individual level. See example below:

Name of Owner	% Interest
Joe Charter	25%
Alice Charter	25%
CHP Family Holdings, Inc.	50%
A. CHP Holder	25% (of 50%)
B. CHP Holder	25% (of 50%)
C. CHP Holder	25% (of 50%)
D. CHP Holder	25% (of 50%)

BLOCK E² -- IDENTIFICATION OF AFFILIATION (to be completed by the Transferee)

Provide the names of the persons and percent interest with whom the applicant is affiliated at a 10 percent or greater level of ownership or control. You do not need to repeat owner names provided in Block E¹.

Duplicate this block as necessary to display all of the persons with whom the Transferee is affiliated.

Affiliation

means a relationship between two or more entities in which one directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, another; or a third entity directly or indirectly owns or controls a 10 percent or greater interest in, or otherwise controls, both.

Indirect Interest

is one that passes through one or more intermediate entities. An entity's percentage of indirect interest is equal to the entity's percentage of direct interest in an intermediate entity multiplied by the intermediate entity's percentage of direct, or indirect, interest in the applicant.

Control includes:

- ◆ Ownership of more than 10% of the entity;
- ◆ The right to direct the business of the entity;
- ◆ The right to limit the actions of or replace the chief executive officer, a majority of the board of directors, any general partner, or any person serving in a management capacity of the entity; or
- ◆ The right to direct the operation of the applicant's business.

The term "control" **does not include** the right to simply participate in the above actions.

BLOCK F - TO BE COMPLETED BY THE TRANSFEROR

1. Indicate the total amount being paid for the CHPs in this transaction, including all fees.
2. Indicate whether the price includes the price of any assets of the charter halibut business other than the transferred permits.

3. Indicate reason(s) for transferring the permit(s). Please check all boxes that apply to this transaction and add any required explanation.

BLOCK G - TO BE COMPLETED BY THE TRANSFEREE

1. Indicate if the Charter Halibut Permit(s) will be used as collateral for a loan.
If YES, enter the name of entity or person(s) who will hold the lien or security interest.
2. Indicate if the transfer of this Charter Halibut Permit(s) includes the sale of the charter halibut business.
If YES, identify the name of the business and attach a copy of the Sales or Gift Agreement
3. Indicate whether the transferee currently holds other Charter Halibut Permits.
If YES, the transfer of the entire set of “grandfathered” Charter Halibut Permits to this receiver **cannot be approved**.
4. Indicate whether there is an agreement to return the permit to the transferor or any other person.
If YES, provide details.
5. Indicate whether there are any condition requiring the resale or conveyance of the permit(s).
If YES, please explain (use attachment if necessary).

BLOCKS H & I - CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Certify with signature and enter printed name and date signed.
If completed by authorized representative, **attach** authorization.

Paperwork Reduction Act 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 0648-0575. 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 the Assistant Regional Administrator, Sustainable Fisheries Division, NMFS Alaska Region, 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*, and the Northern Pacific Halibut Act of 1982, 16 U.S.C. 773c.

Purpose: NMFS is collecting this information to manage the Charter Halibut Limited Access Program.

Routine Uses: NMFS will use this information to transfer CHPs. Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among authorized staff for work-related purposes. Disclosure of this information is also 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](#).

Disclosure: Furnishing this information is required to obtain or retain benefits. Failure to provide complete and accurate information may delay or prevent the transfer of one or more CHPs.
