

Application for Annual Exemption from Western Aleutian Islands Golden King Crab West Region Delivery Requirements

U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax



Additional documents supporting eligibility under § 680.4(o)(2)(i) must be attached to this application to facilitate approval.

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES		
1. Printed Name of Eligible Signatory	2. Signature of Eligible Signatory	3. Date Signed
4. NMFS Person ID 5. Indicate Typ	e of Eligible Signatory	
Quota S	are Holder Processor Quota Share Holder	Municipality
AFFIDAVIT		
The signature above affirms that:		
• Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and		
• All information in this application is true, correct, and complete to the best of his or her knowledge and belief.		
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.		
IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES		
1. Printed Name of Eligible Signatory	2. Signature of Eligible Signatory	3. Date Signed

4. NMFS Person ID	5. Indicate Type of Eligible Quota Share Holder		Municipality
AFFIDAVIT			

The signature above affirms that:

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	🗌 Quota Share Ho	lder Processor Quota Share Holder	Municipality
		_ `	
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The signature above affirms that:

4. NMFS Person ID

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- All information in this application is true, correct, and complete to the best of his or her knowledge and belief.

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES 1. Printed Name of Eligible Signatory 3. Date Signed 2. Signature of Eligible Signatory

4. NMFS Person ID 5. Indicate Type of Eligible Signatory

Municipality

Municipality

AFFIDAVIT

Quota Share Holder Processor Quota Share Holder

The signature above affirms that:

5. Indicate Type of Eligible Signatory

Quota Share Holder

Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and

AFFIDAVIT

Processor Quota Share Holder

All information in this application is true, correct, and complete to the best of his or her knowledge and belief.

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4. NMFS Person ID 5. Indicate Type of Eligible Signatory			_
	Quota Share Holder	Processor Quota Share Holder	Municipality
AFFIDAVIT			
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IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES			
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IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES			
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	NMFS son ID	5. Indicate Type of Eligible Signatory Quota Share Holder Processor Quota Share Holder Municipality	
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Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.

Application for Exemption from WAG Delivery Requirements

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES			
1. Printed Name	of Eligible Signatory	2. Signature of Eligible Signatory	3. Date Signed
4. NMFS 5. 5. Indicate Type of Eligible Signatory Person ID Quota Share Holder Processor Quota Share Holder			
AFFIDAVIT			
The signature above affirms that:			
• Each eligible contract signatory has signed a master contract authorizing the completion of the application to request that NMFS exempt West designated IFQ and West designated IPQ for the Western Aleutian Golden king crab fishery from the West Region Delivery requirements, and			
• All information in this application is true, correct, and complete to the best of his or her knowledge and belief.			
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization			

IDENTIFICATION OF ELIGIBLE CONTRACT SIGNATORIES			
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4. NMFS 5. 5. Indicate Type of Eligible Signatory Person ID Quota Share Holder Processor Quota Share Holder Municipality			
AFFIDAVIT			
The signature above affirms that:			
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• All information in this application is true, correct, and complete to the best of his or her knowledge and belief.			
Note: If this application is completed by an authorized representative, attach documentation demonstrating authorization.			

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Instructions for APPLICATION FOR EXEMPTION FROM WAG DELIVERY REQUIREMENTS

The eligible contract signatories (see qualifications at 680.4(o)(2)(i)) may request that NMFS exempt West designated individual fishing quota (IFQ) and West designated individual processing quota (IPQ) for the Western Aleutian Islands golden king crab (WAG) fishery from the West Region Delivery requirements.

Note: An exemption from West regional delivery requirements is only valid for the remainder of the crab fishing year during which the application was submitted to and approved by NMFS.

Eligible Contract Signatories are:

- Quota Share (QS) holders: Any person or company that holds in excess of 20 percent of the West designated WAG QS at the time the contract was signed, or their authorized representative.
- Processor Quota Share (PQS) holders: Any person or company that holds in excess of 20 percent of the West designated WAG PQS at the time the contract was signed, or their authorized representative.
- Municipalities: designated officials from both the City of Adak and the City of Atka or an authorized representative

Each Eligible Contract Signatory must complete, sign, and date an Affidavit affirming that a master contract was signed to authorize the request for exemption from the West region delivery requirements for West designated IFQ and West designated IPQ for the WAG fishery at § 680.7(a)(2) and (a)(4). By signing the affidavit, the signatory affirms that all information is true, correct, and complete to the best of his or her knowledge and belief.

A completed application must be received and approved by NMFS before any person may use WAG IFQ or IPQ with a West regional designation outside of the West region during a crab fishing year.

The application is available on the NMFS Alaska region website (<u>https://www.fisheries.noaa.gov/region/alaska</u>) or from NMFS at the address below. All information fields on the application must be accurately completed.

If NMFS approves this application, the effective date of the exemption is the date the application is approved by NMFS. Any delivery of WAG IFQ or IPQ with a West regional designation outside of the West region prior to the effective date of the exemption is prohibited under 680.7(a)(2) and (a)(4).

The completed application may be submitted to NMFS using any one of the following methods:

◆ <u>Mail</u> :	Regional Administrator, NMFS c/o Restricted Access Management Program, P.O. Box 21668, Juneau, AK 99802-1668; or
◆ <u>Fax</u> :	907-586-7354; or
• <u>Hand delivery or carrier</u> :	NMFS, Room 713, 709 West 9th Street,

Juneau, AK 99801

COMPLETING THE APPLICATION

Identification of Eligible Contract Signatories and Affidavit affirming master contract has been signed.

- 1. Printed Name and Signature of Eligible Signatory. By signing the affidavit, the signatory affirms that all information is true, correct, and complete to the best of his or her knowledge and belief. If the application is completed by an applicant's authorized representative, attach proof of authorization.
- 2. Date Signed
- 3. NMFS Person ID
- 4. Indicate Type of Eligible Signatory

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 0648-0514. 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, 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*.

Purpose: NMFS is collecting this information to manage the Crab Rationalization Program.

Routine Uses: NMFS will use this information to allow an Annual Exemption from Western Aleutian Islands Golden King Crab West Region Delivery Requirements. 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 <u>COMMERCE/NOAA-19</u>, Permits and <u>Registrations for the United States Federally Regulated Fisheries</u>.

Disclosure: Furnishing this information is required to obtain or retain benefits. Failure to provide complete and accurate information may delay or prevent an Annual Exemption from Western Aleutian Islands Golden King Crab West Region Delivery Requirements.