



## APPLICATION FOR TRANSFER OF CRAB QUOTA SHARE (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 / 586-7202 in Juneau  
 (907) 586-7354 fax



**Notes:**

1. This application to transfer Quota Share (QS) will not be processed between June 15 of any year and the date of issuance of the Individual Fishing Quota (IFQ) in the Bering Sea or Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application will not be processed or approved unless it is complete. In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document(s) that reveal the contractual terms between the parties.
3. Do not use this application to apply for a transfer of QS to, or from, a Crab Harvesting Cooperative, or to conduct an annual lease of IFQ.

### BLOCK A – TYPE OF TRANSFER

1. Indicate the type(s) of Quota for which a transfer is requested:

CPO QS       CVO QS       CPC QS       CVC QS

If applying to receive CVC or CPC QS by transfer, **submit proof** of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of crab QS.

Acceptable proof of such a landing is limited to:

- ◆ Signature of the applicant on an **ADF&G Fish Ticket**; or
- ◆ An **affidavit** from the vessel owner attesting to that individual’s participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab QS species within the 365 days prior to submission of this application.

### BLOCK B - IDENTIFICATION OF TRANSFEROR (SELLER) (The transferor is the person currently holding the QS)

1. Name:		2. NMFS Person ID:	
3. Business Mailing Address    Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address:	
7. Has transferor submitted an EDR, if required to do so by § 680.6?			
YES <input type="checkbox"/>		NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	
8. Has transferor paid all fees, as required by § 680.44?			
YES <input type="checkbox"/>		NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	

**BLOCK B - IDENTIFICATION OF TRANSFEROR (SELLER)**  
*(The transferor is the person currently holding the QS)*

**BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)**

1. Name:	2. NMFS Person ID:	
3. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address (if available):
7. Has transferee submitted an EDR, if required to do so by § 680.6? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		
8. Has transferee paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		

**BLOCK D – ELIGIBILITY OF TRANSFEREE**

Different eligibility standards pertain to a transferee depending on the type of harvesting QS that is being transferred, Please read the Instructions for complete details.

1. Is the transferee applying to receive CVO or CPO QS (with or without IFQ)? YES  NO   
**If YES**, is the transferee an eligible recipient of QS or IFQ as explained in the Instructions? YES  NO
2. The transferee is applying to receive CVC or CPC QS (and/or IFQ)? YES  NO   
**If YES**, is the transferee an eligible recipient of CVC or CPC QS or IFQ as explained in the Instructions? YES  NO\*

**\*If NO**, a completed Application for BSAI Crab Eligibility to Receive QS/PQS or IFQ/IPQ by Transfer form must be completed, submitted, and approved by NMFS before this Application for Transfer of QS or PQS can be approved

**BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED**

If Transfer Application is for more QS than the space provided on this form allows, **duplicate this page** as necessary to include all intended transfers with one application.

1. Identification of Quota Share (QS) (from Report of Quota Holdings):

Fishery	*Sector	Region	Beginning Serial Number	Ending Serial Number	Number QS Unit
_____	_____	_____	_____	_____	_____

**\*Note: If transfer of CPO Quota, complete Questions 3 and 4 below**

2. Are any current year IFQ Pounds to transfer with the QS? YES  NO

**If YES**, complete the following:

Permit Number: \_\_\_\_\_ Class (A or B): \_\_\_\_\_ Pounds: \_\_\_\_\_

3. How is the CPO QS to be designated after the transfer?  CPO QS Only  CVO QS and PQS \*

**\*Note: If CPO QS is transferred as both CPO QS and PQS, the resulting ratio of CVO shares to PQS shares will be 1:0.9 (i.e., 1 CVO share to 0.9 PQS shares)**

4. If transferring CPO QS intended to be designated as CVO QS and PQS, indicate the one region as appropriate for the fishery:  North  South  West  Undesignated

5. What is the total price of the QS, including all fees and other transaction costs? \$ \_\_\_\_\_

6. What is the price per Unit of QS? \$ \_\_\_\_\_ (Price divided by Units)

**BLOCK F<sub>1</sub> – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)**

1. Why are you proposing to transfer the Quota (check all reasons that apply)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 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"/> Health problems         |
| <input type="checkbox"/> Enter other fisheries         | <input type="checkbox"/> Hardship (please describe) | <input type="checkbox"/> Other (please           |

describe) Describe “Hardship” or “Other” reason (if applicable):

2. Is a Permit Broker being used for this transaction? YES  NO

**If YES**, how much is being paid in broker fees? \$ \_\_\_\_\_; or \_\_\_\_\_% of total price of Quota

**BLOCK F<sub>2</sub> – SURVEY QUESTIONS FOR TRANSFEREE (BUYER)**

1. Will the Quota to be transferred under this application be used as collateral for a loan? YES  NO

**If YES**, please identify the party with an interest in the Quota: \_\_\_\_\_

2. What is your primary source of financing for Quota to be transferred under this application?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Self – Personal Resources  | <input type="checkbox"/> AK – CFAB                 | <input type="checkbox"/> Gift (no financing)    |
| <input type="checkbox"/> Private Bank/Credit Union  | <input type="checkbox"/> Transferor/Seller         | <input type="checkbox"/> NOAA Fisheries Loan    |
| <input type="checkbox"/> AK Division of Investments | <input type="checkbox"/> Processor/Fishing Company | <input type="checkbox"/> Other (describe below) |

Explain “Other” source of financing: \_\_\_\_\_

3. How was the Quota located (check all sources that apply)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertisement/Public Notice           | <input type="checkbox"/> Direct Notice from Transferor | <input type="checkbox"/> Permit Broker |
| <input type="checkbox"/> Other (explain “Other” Source): _____ |  |  |

4. What is the relationship, if any, between the Transferor and the Transferee?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> No Relationship  | <input type="checkbox"/> Business Partner | <input type="checkbox"/> Family Member | <input type="checkbox"/> Friend or Acquaintance |
| <input type="checkbox"/> Other (explain below) Describe “Other” Relationship: _____ |   |  |   |

***BLOCK G – SIGNATURE OF TRANSFEROR***

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferor:

2. Date:

3. Printed Name Transferor (If completed by authorized representative, **attach** authorization):

***BLOCK H – SIGNATURE OF TRANSFEREE***

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferee:

2. Date:

3. Printed Name Transferee (If completed by authorized representative, **attach** authorization):

Instructions  
**APPLICATION FOR TRANSFER OF CRAB QS**

**GENERAL INFORMATION**

NMFS will approve a request for transfer of quota share (QS) in that Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery provided the persons are qualified to receive QS by transfer. However, the Regional Administrator will not approve a transfer of any type of QS that would cause a person to exceed the maximum amount of QS allowable under the use limits.

NMFS will process a request for transfer of QS provided that an application is completed, with all information fields accurately filled in, and all required additional documentation is attached. This Application for the Transfer of Crab QS will not be processed between **June 15** of any year and the date of issuance of the individual fishing quota (IFQ).

**NOTE: In addition to providing the information required in the application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contraction terms between the parties.**

Do not use this application to apply for a transfer of QS to, or from, a Crab Harvesting Cooperative or to conduct an annual lease of IFQ.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

◆ Submit a Crab Economic Data Report (EDR).

A CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **July 31**.

To determine if you are required to submit an EDR or to request that a printed EDR be mailed to you (at no cost), contact:

Pacific States Marine Fisheries Commission  
205 SE Spokane, Suite 100  
Portland, OR 97202

Telephone: 1-877-741-8913

e-mail: [info@psmfc.org](mailto:info@psmfc.org)

◆ Payment of all outstanding fees to NMFS.

All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is on or before **July 31**.

**ADDITIONALLY**

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.

- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

**Please allow up to ten (10) working days** for a transfer application to be reviewed, processed, and approved or disapproved; the parties will be notified upon approval of the transfer.

Forms are available through the Internet on the NMFS Alaska Region website at <http://www.alaskafisheries.noaa.gov>.

When complete, submit the 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**

Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

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

**Telephone:** 800-304-4846 (press “2”) Telephone (in

**Juneau):** 907-586-7202 (press “2”) e-Mail:

[RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### ***COMPLETING THE FORM***

#### **BLOCK A – TYPE OF TRANSFER**

1. Indicate the type(s) of quota for which an Application to Transfer is being submitted.  
The different types of quota that may be transferred using this application are:

Catcher/Processor “Owner” Quota and annual Individual Fishing Quota (CPO QS)

Catcher Vessel “Owner” Quota and annual Individual Fishing Quota (CVO QS)

Catcher/Processor “Captain/Crew” Quota and annual Individual Fishing Quota (CPC QS)

Catcher Vessel “Captain/Crew” Quota and annual Individual Fishing Quota (CVC QS)

**Note:** Individuals applying to receive CPC or CVC QS by transfer must **submit proof** of at least one delivery of a crab species in a CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of crab QS. Acceptable proof of such a landing is limited to:

- Signature of the applicant on an **ADF&G Fish Ticket**; or
- An **affidavit** from the vessel owner attesting to that individual’s participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab QS species within the 365 days prior to submission of this application.

- The only exception to this provision is for individual initial issuees who submitted an application for eligibility to receive CVC/CPC QS by transfer between May 1, 2015 and May 1, 2019 that is approved under the regulatory criteria at 50 CFR 680.41(c)(1)(vii)(B).

**BLOCK B – IDENTIFICATION OF TRANSFEROR (SELLER)**

1. Enter the full, legal, business name of the person that holds quota and wishes to transfer it;
2. Enter the transferor’s NMFS Person ID;
3. Enter the business mailing address for use with this transaction. Indicate if this is a permanent change to your business mailing address or if this is a temporary business mailing address for this transaction only;
- 4-6. Enter the business telephone number, business fax number, and e-mail address;
- 7-8. Check the appropriate box that applies to submission of an EDR and fee payment(s)

**BLOCK C – IDENTIFICATION OF TRANSFEREE (BUYER)**

1. Enter the full, legal, business name of the person that wishes to receive the quota by transfer;
2. Enter the transferee’s NMFS Person ID;
3. Enter the business mailing address for use with this transaction. Indicate if this is a permanent change yo your business mailing address or if this is a temporary business mailing address for this transaction only;
- 4-6. Enter the business telephone number, business fax number, and e-mail address.
- 7-8. Check the appropriate box that applies to submission of an EDR and fee payment(s).

**BLOCK D – ELIGIBILITY OF TRANSFEREE**

The following standards pertain to eligibility to receive CR quota by transfer (§ 680.41(c)):

Quota Type	Eligible Person	Eligibility Standards
CVO or CPO QS	a) A person initially issued QS	No other eligibility requirements
	b) An Individual	who is a U.S. citizen and with at least 150 days of sea time as part of the harvesting crew in any U.S. commercial fishery
	c) A corporation, partnership, association or other non-individual entity	With at least one individual member who is a U.S. citizen and who: a) owns at least 20% of the entity, and b) has at least 150 days sea time as part of the harvesting crew in any U.S. commercial fishery
	d) An ECCO	that meets the eligibility requirements at 680.41(j)
	e) A CDQ Group	No other eligibility requirements
Converted CPO QS	n/a	Converted CPO QS may not be transferred
CPO IFQ derived from Converted CPO QS	n/a	CPO IFQ derived from Converted CPO may not be transferred
CVO or CPO IFQ	All eligible persons for CVO or CPO QS	According to requirements in 680.41(c)(1)(iii)



Quota Type	Eligible Person	Eligibility Standards
CVC or CPC QS	An Individual	<p>(A) who is a U.S. citizen with:</p> <ul style="list-style-type: none"> <li>(1) at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery, and</li> <li>(2) recent participation as crew in at least one delivery of crab in a CR crab fishery in the 365 days prior to submission of the application for eligibility, OR</li> </ul> <p>(B) From May 1, 2015, until May 1, 2019, CVC or CPC QS also may be transferred to an individual who is a U.S citizen with:</p> <ul style="list-style-type: none"> <li>(1) at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery, and</li> <li>(2) who either: <ul style="list-style-type: none"> <li>(a) received an initial allocation of CVC or CPC QS; or</li> <li>(b) participated as crew in at least one delivery of crab in a CR crab fishery in any 3 of the 5 crab fishing years starting on July 1, 2000, through June 30, 2005.</li> </ul> </li> </ul>
CVC or CPC IFQ	All eligible individuals for CVC or CPC QS	according to the requirements in the paragraph above for CVC or CPC QS

1. Indicate whether the proposed transferee is applying to receive CVO or CPO QS (with or without IFQ).  
**If YES**, indicate whether the proposed transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVO/CPO QS/IFQ according to the standards above, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

**If NO**, the proposed transferee must apply for eligibility to receive CVO/CPO QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/POS or IFQ/IPQ by Transfer.

Upon approval of eligibility, this Application for Transfer or Crab QS may be submitted for approval.

2. Indicate whether the proposed transferee is applying to receive CVC or CPC QS (with or without IFQ).

**If YES**, indicate whether the transferee is an eligible recipient of QS or IFQ, is eligible to receive the CVC/CPC QS/IFQ according to the standards above, and has verification to that effect issued by the Alaska Region of NOAA Fisheries (RAM).

**If NO**, the proposed transferee must apply for eligibility to receive CVC/CPC QS/IFQ by completing and submitting to RAM an Application for BSAI Crab Eligibility to Receive QS/POS or IFQ/IPQ by Transfer. Upon approval of eligibility, this Application for Transfer or Crab QS or POS may be submitted for approval.

## BLOCK E – IDENTIFICATION AND COST OF QUOTA TO BE TRANSFERRED

Each unit of CR Program QS and PQS is identified by an alpha-numeric code. The alphabetical portion of the code indicates the Fishery, the Sector, and the Region for which the Quota will yield annual IFQ or IPQ. The possible combinations include:

Crab Fishery	Code
Bristol Bay red king	BBR
Bering Sea snow	BSS
Bering Sea Tanner	BST
Eastern Aleutian Golden	EAG
Pribilof red and blue king	PIK
St. Matthew blue king	SMB
Western Aleutian golden	WAG
Western Aleutian red king	WAI

Sector of QS	Code
Catcher Vessel Owner	CVO
Catcher/Processor Owner	CPO
Catcher Vessel Captain/Crew	CVC
Catcher/Processor Captain/Crew	CPC
Processor Quota	PQS

Region	Code
North	N
South	S
West	W
Undesignated	U

1. Enter the correct Fishery, Sector, and Region Code, as well as the beginning serial number and the ending serial number as set out on the Report of Quota Holding issued by RAM.
2. Indicate whether any current year IFQ pounds are intended to transfer with the QS.

**If YES**, Enter the IFQ permit number, the class of IFQ (“A” - if delivery restrictions apply, or “B” - if such restrictions do not apply), and the number of pounds from that permit that are intended to transfer.

3. Indicate whether CPO QS will be re-designated upon transfer.

**Note** if CPO QS is being transferred, the prospective transferee may choose to re-designate the QS as CVO QS and PQS. If such an election is made, the resulting QS will transfer in the ratio of 1:0.9 [i.e., 1 CVO share to 0.9 PQS shares].

4. If the choice is made to re-designate the QS as CVO QS and PQS, indicate the Region to which the resulting re-designated Quota will be assigned.

If necessary, duplicate the pages to include segments of CPO QS to be transferred.

**Note** that the IFQ and the IPQ that the re-designated QS will yield will not be issued until the crab fishing year following the year in which the transfer and re-designation was approved.

5. Enter the total price of the QS, including all fees and other transaction costs.
6. Indicate the price per unit of QS.

### **BLOCK F<sub>1</sub> – SURVEY QUESTIONS FOR TRANSFEROR (SELLER)**

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

Complete the survey question; check all that apply. Provide an explanation if the transfer is requested pursuant to a “hardship” (IFQ resulting from CVC or CPC QS) and/or if the transfer is requested pursuant to some “other” reason.

Indicate whether a permit broker was used to facilitate this transfer; if so, enter the broker fees as either a “lump sum” (how much was paid to the Broker) or as a percentage of the total price of the Quota.

### **BLOCK F<sub>2</sub> – SURVEY QUESTIONS FOR TRANSFEREE (BUYER)**

The information provided on this section of the Application for Transfer is used to analyze, and report on, CR Program performance. All information provided on this survey is confidential under the Privacy Act and will not be publicly released except as aggregated data such that the identity of the submitter cannot be determined.

1. Indicate whether the Quota to be transferred will be used as collateral for a loan.

**If YES**, identify the party with an interest in (“lien” against) the Quota.

RAM, as a courtesy, will enter the name of the party that has asserted an interest in the Quota on the Report of Quota Holdings that is provided to QS Holders; recording the asserted interest does not create a valid lien against the Quota, does not indicate that a valid lien exists; likewise, the absence of a recorded interest does not mean that no lien exists.

2. Indicate the major source of financing for the Quota; describe “Other” source of financing in the space provided.
3. Indicate how the Quota was located; i.e., how did the Transferee know that the Quota was available for transfer?
4. Indicate the relationship, if any, between the Transferor and the Transferee; describe any “Other” relationship.

### **BLOCKS G AND H – SIGNATURE OF THE TRANSFEROR AND 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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### 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 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.*

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

**Routine Uses:** NMFS will use this information to transfer crab QS. 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 crab QS.

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