
	<p>BSAI CRAB RATIONALIZATION PROGRAM QUOTA SHARE (QS) BENEFICIARY DESIGNATION FORM</p>	<p>U.S. Department 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</p> 
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Individuals that hold Quota share (QS) in the BSAI Crab Rationalization Program may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder’s death.

If the QS holder does not have a surviving spouse, he/she may name **an immediate family member** to be the beneficiary. NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, unless a contrary intent is expressed by the decedent in a Will and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer of individual fishing quota (IFQ) only (lease) resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

BSAI Crab QS/IFQ can only be held by a U.S. citizen.

<i>BLOCK A - IDENTIFICATION OF QS HOLDER</i>					
1. Name:			2. NMFS Person ID:		
3. Business Mailing Address:					
4. Business Telephone Number:		5. Business Fax Number:		6. Business E-mail Address:	

<i>BLOCK B – IDENTIFICATION OF BENEFICIARY</i>					
1. Name:			2. NMFS Person ID:		
3. Business Mailing Address:					
4. Business Telephone Number:		5. Business Fax Number:		6. Business E-mail Address:	

BLOCK C - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Is the beneficiary named on this form the spouse of the QS holder?

YES NO

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

Signature of QS Holder:

Date:

Printed Name of QS Holder (*Note: If completed by an authorized representative, **attach** authorization*):

INSTRUCTIONS
**BSAI CRAB RATIONALIZATION PROGRAM QUOTA SHARE
(QS) BENEFICIARY DESIGNATION FORM**

50 CFR 680.41(g) provides that individuals who hold BSAI Crab Quota Share (QS) may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.

NMFS may approve an application to transfer QS to the surviving spouse or designated beneficiary, unless a contrary intent is expressed by the decedent in a Will and provided that sufficient evidence has been provided to verify the death of the individual.

NMFS will allow the transfer of individual fishing quota (IFQ) only (lease) resulting from the QS transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.

Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.

BSAI Crab QS/IFQ can only be held by a U.S. citizen.

GENERAL INFORMATION

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.

When completed, submit the original 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 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/>

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 QS HOLDER

1. Enter name of QS holder
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK B – IDENTIFICATION OF BENEFICIARY

1. Enter name of beneficiary.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
4. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)

BLOCK C -- RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Indicate if the beneficiary named on this form is the spouse of the QS holder.

If NO, explain the family relationship of the beneficiary to the QS holder:

BLOCK D -- SIGNATURE

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.**

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 30 minutes 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 designate a beneficiary to receive crab QS/IFQ right of survivorship transfer privileges upon a QS holder's death. 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 a person from designating a beneficiary to receive crab QS/IFQ right of survivorship transfer privileges.
