
	<p><b>Application for CQE To Transfer IFQ To An Eligible Community Resident Or Non-Resident</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 / 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 Community Quota Entity (CQE) is the transferor (seller) of the Individual Fishing Quota (IFQ); if not, a different form must be used.

The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

<b>BLOCK A – TRANSFEROR (SELLER) INFORMATION</b>		
1. Name ( <i>Last, First, Middle Initial</i> ):	2. NMFS Person ID:	
3. Name of Community represented by the CQE:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail address:

<b>BLOCK B – TRANSFEREE (BUYER) INFORMATION</b>		
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 C -- TRANSFER (LEASE) OF IFQ**  
*(Pertains only to transfers from CQEs to qualifying community members)*

1. Identification of IFQ to be transferred:

Permit Number: \_\_\_\_\_ Year: 20\_\_\_\_\_. Number of IFQ Pounds to be Transferred: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Year: 20\_\_\_\_\_. Number of IFQ Pounds to be Transferred: \_\_\_\_\_

2. Community to which IFQ are currently assigned:

3. Are you a resident of the Aleutian Islands?  YES  NO

**If NO**, enter city and state in which you reside.

**NOTE:** You must be a resident of the community represented by the CQE unless that community is Adak.

4. City:

5. State:

**BLOCK D – REQUIRED TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Give the price per pound of IFQ

\$ \_\_\_\_\_/Pounds of IFQ  
*(Price divided by IFQ pounds) including fees*

2. 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.

**BLOCK E -- 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 F -- SIGNATURE OF RESIDENT TRANSFEREE**

*Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.. Also, I further swear, or affirm, that I am a permanent resident of the community (listed in **Block A**) on whose behalf the CQE is proposing to transfer the IFQ, that I have been a resident for at least 12 months, and that I intend to remain a resident.*

1. Signature of resident transferee or authorized representative:

2. Date:

3. Printed name of transferee or authorized representative (*If an authorized representative, attach authorization*):

**BLOCK G -- SIGNATURE OF NON-RESIDENT TRANSFEREE**  
*(applicable to IFQ transferred from Adak CQE only)*

*Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Also, I further swear, or affirm, that I am a non-resident of the community (listed in **Block A**) on whose behalf the CQE is proposing to transfer the IFQ.*

1. Signature of non-resident transferee or authorized representative:

2. Date:

3. Printed name of transferee or authorized representative (*If an authorized representative, attach authorization*):

**PUBLIC REPORTING BURDEN 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 0648-0665. Without this approval, we could not conduct this information collection. 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. All responses to this information collection are required to obtain benefits under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). 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.

**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:** This information 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.*). NMFS uses the information provided on this application to transfer individual share (IFQ) from a community quota entity to an eligible resident or non-resident. The information required by this application is necessary to ensure that IFQ are transferred in compliance with the regulations governing the transfer of IFQ.

**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. All information collections by NMFS, Alaska Region, are protected under confidentiality provisions of section 402(b) of the Magnuson-Stevens Act as amended in 2006 (16 U.S.C. 1801, *et seq.*) and under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. NMFS may post some information from this form on its public website (<https://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 required to obtain benefits. Failure to provide complete and accurate information will prevent NMFS from transferring the IFQ.

**Instructions**  
**APPLICATION FOR CQE TO TRANSFER IFQ TO AN**  
**ELIGIBLE COMMUNITY RESIDENT OR NON-RESIDENT**

This transfer form is only used if a Community Quota Entity (CQE) is the proposed transferor (“seller”) of the Individual Fishing Quota (IFQ); if not, a different form must be used.

The party to whom a CQE is seeking to transfer the IFQ must hold a Transfer Eligibility Certificate (TEC) unless they are a resident of the Aleutian Islands (Adak) for at least 12 months.

***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). Transfers of all IFQ must be approved, in advance, by RAM.

The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska and the Aleutian Islands to hold, and to fish, QS and IFQ. Such communities are represented by a CQE, who must use this application to provide for transfers of IFQ to an eligible community resident or non-resident.

Some general rules pertain, as follows:

- Please submit a separate application for each proposed IFQ transfer.
- Please complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.

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**

or 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**

## ***COMPLETING THE APPLICATION***

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

1. Name of the CQE proposing to transfer the IFQ; this should be the party's full name as it appears on the QS Holder Summary Report or the Transfer Eligibility Certificate (TEC).
  2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)
  3. Enter the name of community represented by the CQE.
  4. Business mailing address. Indicate whether permanent or temporary address. Include street or P.O. box, city, state, and zip code. If temporary, this address will be used to send the transfer documentation, if different from the permanent address.
- 5–7. Enter business telephone number, business fax number, and e-mail address.

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

1. Name of the party proposing to receive the transfer of IFQ.
  2. NMFS Person ID (as set out on the QS Holder Summary Report or the TEC)
  3. Business mailing address. Indicate whether permanent or temporary address. Include street or P.O. box, city, state, and zip code. If temporary, 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 -- TRANSFER (LEASE) OF IFQ**

This block must be completed by the CQE applying to transfer IFQ to a permanent resident of the community on whose behalf the CQE holds the IFQ. Note: in the case of the city of Adak, the transferee does not need to be a community resident for the first five years of the program.

1. Identify the IFQ to be transferred by entering the IFQ permit number(s), year, and number of IFQ pounds to be transferred.
2. Enter the name of the community to which IFQ are currently assigned.
3. Indicate if you are a resident of the Aleutian Islands.  
**If NO**, enter city and state in which you reside.  
**NOTE:** You must be a resident of the community represented by the CQE unless that community is Adak.

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

1. Provide the price per pound of IFQ.
2. Indicate whether a broker is used for this transaction.  
**If YES, indicate amount paid in brokerage fees or percentage of total price.**

## **BLOCK E – SIGNATURE OF TRANSFEROR**

Enter printed name and signature of Transferor or authorized representative and date signed. If completed by an authorized representative, **attach** authorization. **The application will be considered incomplete without your signature and will not be processed.**

## **BLOCK F -- SIGNATURE OF RESIDENT TRANSFEREE**

Enter printed name and signature of Transferee or authorized representative and date signed. If completed by an authorized representative, **attach** authorization. **The application will be considered incomplete without your signature and will not be processed.**

## **BLOCK G -- SIGNATURE OF NON-RESIDENT TRANSFEREE**

Enter printed name and signature of Transferee or authorized representative and date signed. If completed by an authorized representative, **attach** authorization. **The application will be considered incomplete without your signature and will not be processed.**