


<b>LLP</b> License Limitation Program	<b>APPLICATION FOR                  TRANSFER OF SCALLOP                  LLP LICENSE</b>	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 -- IDENTIFICATION OF LICENSE TO BE TRANSFERRED**

1. License Number: \_\_\_\_\_

2. What is the total **PRICE** (if any), including all fees, being paid for this license? \$ \_\_\_\_\_

Does this price include the price of the vessel or other assets?      YES [  ]      NO [  ]

**Attach:** A copy of the sales contract or other agreement between the parties that sets out the terms and conditions of the proposed transfer.

**BLOCK B – PERSON TRANSFERRING LICENSE (TRANSFEROR/SELLER)**

1. Name(s): _____	2. NMFS Person ID: _____	
3. Business Mailing Address. Indicate if [ <input type="checkbox"/> ] Permanent [ <input type="checkbox"/> ] Temporary		
4. Business Telephone No.: _____	5. Business Fax No.: _____	6. Business e-mail Address: _____

**BLOCK C – PERSON TO WHOM LICENSE WILL BE TRANSFERRED (TRANSFeree/BUYER)**

1. Are you a U.S. citizen or U.S. corporation, partnership, association, or other non-individual entity?  
 YES [  ]      NO [  ]

**If NO, STOP.** Only U.S. citizens may hold a scallop LLP license.

2. Name: _____	3. NMFS Person ID: _____	
4. Business Mailing Address: Indicate if [ <input type="checkbox"/> ] Permanent [ <input type="checkbox"/> ] Temporary		
5. Business Telephone No.: _____	6. Business Fax No.: _____	7. Business e-mail Address: _____

**NOTE:** If an authorized representative is signing on behalf of a party, authorization (*in the form of a Power of Attorney or other legally sufficient documentation*) must be submitted with this application, or be on file with the RAM Program.

<b>BLOCK D – CERTIFICATION OF TRANSFEROR</b>	
<i>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.</i>	
1. Signature of Transferor or Authorized Representative	2. Date
3. Printed Name of Transferor or Authorized Representative <b>Note: If representative, attach authorization</b>	
4. Title, if Representative:	

<b>BLOCK E – CERTIFICATION OF TRANSFEREE</b>	
<i>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.</i>	
1. Signature of Transferee or Authorized Representative	2. Date
3. Printed Name of Transferee or Authorized Representative <b>Note: If Representative, attach authorization</b>	
4. Title, if Representative	

## **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 0648-0334. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1 hour 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 pursuant to 50 CFR part 679. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to: Assistant Regional Administrator for 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:** In order to manage U.S. fisheries, the NOAA National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. A License Limitation Program (LLP) scallop license is required for vessels participating in scallop fisheries in federal waters off Alaska (except for some diving operations). As the selection process for the LLP has ended, no new licenses will be issued; an LLP license may only be obtained through transfer. The information collected is required to manage the Scallop License Limitation Program (LLP). The information requested is for the express purpose of ensuring that transfers of scallop LLP licenses are properly executed as requested by the parties to the transfer and to ensure that all provisions of the Federal regulations governing the transfer of such licenses (50 CFR 679.4(g)(5)) have been met..

**Routine Uses:** The Department will use this information to identify fishery participants and to determine transfer eligibility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable State or Regional Marine Fisheries Commissions and International Organizations. Disclosure of this information is also subject to all of the published routine uses as 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 transfer a scallop license under the LLP; failure to provide complete and accurate information will prevent the determination of eligibility to transfer or receive an LLP license.

**INSTRUCTIONS  
APPLICATION FOR  
TRANSFER OF SCALLOP LLP LICENSE**

The information requested on this application is for the express purpose of ensuring that transfers of scallop licenses are properly executed as requested by the parties to the transfer and to ensure that all provisions of the Federal regulations governing the transfer of such licenses, 50 CFR 679.4(g)(5), have been met.

***RESTRICTIONS***

**Gear:** If a vessel did not make a legal landing of scallops outside Cook Inlet (State of Alaska Registration Area H) in 1 of the 3 years 1996, 1997, or 1998, through October 9, 1998, the license would be restricted to a single 6-foot (*1.8-m*) dredge.

**Maximum Length Overall (MLOA):** Each license displays an MLOA (in feet). MLOA is restricted to 100% of the LOA of the qualifying vessel or, 100% of the LOA of the largest vessel used in the recent qualifying period.

***GENERAL INFORMATION***

The Scallop License Limitation Program is authorized in Federal regulations at 50 CFR part 679, and provides that any vessel that is deployed in the scallop fisheries in Federal waters off Alaska must carry a valid scallop license.

A license is transferable; that is, once issued, it may be transferred by its holder(s) to another person(s) who may then use the license aboard a vessel deployed in the Federal scallop fishery in the waters off Alaska (subject to the restrictions of the license).

Scallop licenses have no area endorsements; all licenses are statewide.

**Attach** a copy of the sales contract or other agreement between the parties that sets out the terms and conditions of the proposed transfer.

When completed, submit the Application for Transfer of Scallop LLP License and any required attachments:

- ◆ By mail to:  
**NMFS Alaska Region  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, Alaska 99802-1668**
  
- ◆ By fax to:  
**Fax: 907-586-7354**
  
- ◆ Or deliver to:  
**NMFS Alaska Region  
Restricted Access Management (RAM)  
709 West 9<sup>th</sup> Street Suite 713  
Juneau, Alaska 99801**

Additional information is available from RAM, as follows:

NMFS Alaska Region Website: <https://www.fisheries.noaa.gov/permit/alaska-scallop-license-limitation-program-application-forms>

Telephone (toll free) **800-304-4846 (Option #2)**

**Please allow at least 10 days for processing of your application.** Upon approval of an Application for Transfer of Scallop License, RAM will void the license in the name of the transferor and mail a new license to the new holder's address via first class mail, unless a pre-paid express envelope or an account number for a private express carrier has been provided, or arrangements have been made to have the transaction expedited by a private facilitator or courier.

### ***COMPLETING THE APPLICATION***

**Attach:** A complete copy of the sales contract, or other agreement between the parties, that sets out the terms and conditions of the proposed transfer.

#### **BLOCK A -- IDENTIFICATION OF LICENSE TO BE TRANSFERRED**

1. Enter the number of the scallop LLP license to be transferred.
2. Enter the total price, including brokerage fees, being paid for the license. Enter "zero" if the transfer is being proposed pursuant to a gift agreement or for non-monetary consideration.

#### **BLOCK B -- PERSON TRANSFERRING LICENSE (TRANSFEROR/SELLER)**

- 1-2. Enter the transferor's name(s) and NMFS Person ID. NMFS will provide this number, if you do not already have one.
3. Enter the business mailing address (including street or P.O. box, city, state, and zip code) and indicate whether permanent or temporary. Check temporary mailing address if you would like the transfer documentation sent somewhere other than your permanent address.
- 4-6. Enter the business telephone number, including area code, business fax number, and e-mail address.

#### **BLOCK C -- PERSON(S) TO WHOM LICENSE WILL BE TRANSFERRED (TRANSFeree/ BUYER).**

1. Indicate if the proposed transferee is a U.S. citizen or U.S. corporation, partnership, association, or other non-individual entity.  
**If NO, STOP.** Only U.S. citizens may hold a scallop license.
- 2-3. Enter the transferee's name(s) and NMFS Person ID. NMFS will provide this number, if you do not already have one.
4. Enter the business mailing address (including street or P.O. Box, city, state, and zip code) and indicate whether permanent or temporary. Check temporary mailing address if you would like the transfer documentation sent somewhere other than your permanent address.
- 5-7. Enter the business telephone number, including area code, business fax number, and e-mail address.

#### **BLOCKS D and E – TRANSFEROR AND TRANSFeree CERTIFICATION**

The transferor and transferee must sign, print name, and date the application. If a Representative is signing on behalf of the proposed transferor or transferee, authorization (*in the form of a Power of Attorney or other legally sufficient documentation*) must be submitted with the application or be currently on file with the RAM Program. Enter the title of the Representative, if any.