
	<p>Application For INTER-COOPERATIVE TRANSFER OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)</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 / (907) 586-7202 in Juneau (907) 586-7354 fax / ram.alaska@noaa.gov</p>	
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May be submitted online at <https://alaskafisheries.noaa.gov/webapps/efish/login>

This application is used for transfer of Amendment 80 cooperative quota between cooperatives.

BLOCK A – TRANSFEROR INFORMATION		
1. Name of Transferor:	2. NMFS Person ID:	
3. Name of Designated Representative:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:
8. Has transferor submitted a timely and complete Annual Trawl Catcher/Processor Economic Data Report, if required to do so under § 679.94?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		

BLOCK B – TRANSFEREE INFORMATION		
1. Name of Transferee:	2. NMFS Person ID:	
3. Name of Designated Representative:		
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:
8. Has transferor submitted a timely and complete Annual Trawl Catcher/Processor Economic Data Report, if required to do so under § 679.94?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		

**BLOCK C¹ – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)
TO BE TRANSFERRED (LEASED) TO COOPERATIVE MEMBER(S)
(To Be Completed By Transferor)**

If Transfer Application is for more CQ than the space provided, **duplicate this page** as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C¹ to cooperative members in Block C².

Amendment 80 Species CQ		Amendment 80 PSC CQ		Number of QS units
Type of CQ (Area/Species)	Amount (mt)	Type of PSC (Area/Species)	Amount (mt)	

**BLOCK C² – IDENTIFICATION OF COOPERATIVE MEMBER(S)
(To Be Completed By Transferee)**

The Transferee's Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. **Duplicate this page** as necessary.

1. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
7. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
8. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:

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1. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
7. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:
8. Name of Qualifying Member (<i>Print</i>):	NMFS Person ID:	Species:	Amount of CQ:

BLOCK D – CERTIFICATION OF TRANSFEROR (SELLER)

The applicant must sign and date the application certifying that all information is true and correct to the best of their knowledge and belief. If the application is completed by an authorized or designated representative, then explicit authorization must accompany the application.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

1. Signature of Transferor Designated Representative:

2. Date:

3. Printed Name of Transferor Designated Representative; **attach** authorization:

BLOCK E – CERTIFICATION OF TRANSFEREE (BUYER)

The applicant must sign and date the application certifying that all information is true and correct to the best of their knowledge and belief. If the application is completed by an authorized or designated representative, then explicit authorization must accompany the application.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

1. Signature of Transferee Designated Representative:

2. Date:

3. Printed Name of Transferee Designated Representative; **attach** authorization:

**Instructions for
APPLICATION FOR INTER-COOPERATIVE
TRANSFER OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)**

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS.

An Amendment 80 cooperative may transfer all or part of its CQ to another Amendment 80 cooperative. Amendment 80 cooperatives may transfer CQ during a calendar year with the following restrictions:

- ◆ An Amendment 80 cooperative may only **transfer** CQ to another Amendment 80 cooperative;
- ◆ An Amendment 80 cooperative may only **receive** CQ from another Amendment 80 cooperative;
- ◆ An Amendment 80 cooperative receiving Amendment 80 species CQ by transfer must assign that Amendment 80 species CQ to a member(s) of the Amendment 80 cooperative for the purposes of use caps calculation as established under § 679.92(a).

This application cannot be processed or approved unless all parties to the proposed transfer (including the proposed transferor, the proposed transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the Amendment 80 Program.

Any person who held an Amendment 80 CQ permit during a calendar year must submit to NMFS an Annual Trawl Catcher/Processor Economic Data Report (EDR) for that calendar year for each Amendment 80 CQ permit held by that person (see § 679.94).

Pacific States Marine Fisheries Commission (PSMFC) has been designated by NMFS to be the Data Collection Agent for the Amendment 80 EDR program. PSMFC mails EDR announcements and filing instructions to Amendment 80 QS permit holders by April 1. You may also use the web based EDR form or download the EDR form in fillable PDF format. To request that a printed EDR be mailed to you, please call 1-877-741-8913, or email your request to edr@psmfc.org.

EDR forms are available on the NMFS Alaska Region Web site at <http://www.alaskafisheries.noaa.gov>.

Deadline: A completed EDR must be received by NMFS no later than 1700 hours A.l.t. on **June 1** of the year following the calendar year during which the Amendment 80 CQ permit was held, or if sent by U.S. mail, postmarked by that date.

GENERAL INFORMATION

Please allow at least 10 working days for this application to be processed. It is important that all blocks are completed and any required attachments are provided. Failure to answer any of the questions, provide any of the required documents, or to have signatures could result in delays in the processing of your application.

Forms are available on the NMFS Alaska Region website at <https://www.fisheries.noaa.gov/region/alaska>.

Print information in the application legibly in ink or type information.

Retain a copy of completed application for your records.

When completed, submit the application —

Online: <https://alaskafisheries.noaa.gov/webapps/efish/login>

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**

If you need additional information:

Contact RAM at: (800) 304-4846 (Option #2) or (907) 586-7202 (Option #2)

E-mail address: ram.alaska@noaa.gov

Website: <https://www.fisheries.noaa.gov/region/alaska>

Applications may be faxed to RAM; however, permits will not be returned by fax. The original, signed permit must be on board the vessel. Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

COMPLETING THE APPLICATION

BLOCK A – TRANSFEROR INFORMATION

1. Name of Transferor
2. NMFS ID of Transferor
3. Name of Amendment 80 Cooperative's designated representative
4. Business mailing address; indicate whether permanent or temporary
5. Business telephone number
6. Business fax number
7. Business e-mail address
8. Indicate whether the transferor has submitted an Annual Trawl Catcher/Processor Economic Data Report

BLOCK B – TRANSFEREE INFORMATION

1. Name of Transferee
2. NMFS ID of Transferee
3. Name of Amendment 80 Cooperative's designated representative
4. Business mailing address, indicate whether permanent or temporary
5. Business telephone number
6. Business fax number
7. Business e-mail address
8. Indicate whether the transferor has submitted an Annual Trawl Catcher/Processor Economic Data Report

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If Transfer Application is for more CQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C¹ to cooperative members in Block C².

1. For each Amendment 80 species, enter:
Type (area/species) of CQ
Amount (mt) of CQ
Number of CQ units

2. For each Amendment 80 PSC species, enter:
 - Type (area/species) of CQ
 - Amount (mt) of CQ
 - Number of CQ units

BLOCK C² – IDENTIFICATION OF COOPERATIVE MEMBER(S) *(To Be Completed By Transferee)*

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

For each qualifying member, enter

- Name (print)
- NMFS Person ID
- Species
- Amount of CQ

BLOCK D – CERTIFICATION OF TRANSFEROR

Enter Transferor Designated Representative printed name, signature, and date signed.

If the application is completed by an authorized or designated representative, then explicit authorization must accompany the application.

BLOCK E – CERTIFICATION OF TRANSFEEE

Enter Transferee Designated Representative printed name, signature, and date signed.

If the application is completed by an authorized or designated representative, then explicit authorization must accompany the application.

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 0648-0565. Without this approval, we could not conduct this information collection. All responses to this information collection are required to obtain or retain benefits and are required to manage the 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.*) as amended by Public Law 109-479. Public reporting for this information collection 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 information collection. Send comments regarding this burden estimate or any other aspect of this information collection, 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 under the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801 *et seq.*

Purpose: NMFS uses this information to determine eligibility for the transfer of Amendment 80 (A80) cooperative quota (CQ) and transfer the A80 CQ between the cooperatives. The information required by this application is necessary to ensure that CQ is transferred in compliance with the regulations governing the transfer of CQ. .

Routing 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. NMFS posts some information from this form on its public website (<https://alaskafisheries.noaa.gov/>). In addition, NMFS may share information submitted on this application 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. Other information is confidential under section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent NMFS from transferring the CQ.