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|  | <p><b>Application for Transfer of Pacific Cod Trawl Cooperative Program Quota Share (QS) for Processors</b></p> | <p>U.S. Dept. of Commerce/NOAA<br/>National Marine Fisheries Service (NMFS) Restricted Access Management (RAM)<br/>P.O. Box 21668<br/>Juneau, AK 99802-1668<br/>(800) 304-4846 toll free / (907) 586-7202 in Juneau<br/>(907) 586-7354 fax / <a href="mailto:RAM.alaska@noaa.gov">RAM.alaska@noaa.gov</a> email</p>  |
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This application is used to request transfer of a Pacific Cod Trawl Cooperative Program (PCTC Program) quota share (QS) permit and any QS assigned to that permit or to request transfer of excess PCTC Program QS separate from that permit. To transfer PCTC Program QS, a timely and complete application must be submitted to NMFS using the methods described on the application. The transferee must be a person and a processor with an active FPP or FFP as defined in 50 CFR 679.130. This application will not be processed or approved unless it is complete.

**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 contract terms between the parties.

| <b>BLOCK A – REQUIRED DOCUMENTATION</b>  |   |
|--|---|
| <p><b>Use this block to determine which forms and other information must be attached to this transfer. Please check all that apply to ensure that your application is complete and can be processed in a timely manner.</b></p>  |   |
| <p><input type="checkbox"/> Copy of Sale/Transfer Agreement</p> <p>A legible copy of a contract or sales agreement that specifies the PCTC Program QS permit to be transferred, the processor, the designated transferee, the monetary value or the terms of the PCTC Program QS permit transfer, and the signature of the processor and the designated transferee must be attached to this application.</p> | <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Power of Attorney (if applicable)</p> <p><input type="checkbox"/> Processor Ownership Information provided by the Transferee/Receiver</p> |

| <b>BLOCK B – IDENTIFICATION OF TRANSFEROR</b>  |                             |
|--|-----------------------------|
| 1. Name of Transferor:   | 2. NMFS Person ID:          |
| 3. Federal Processor Permit or Federal Fisheries Permit Number:                                    |                             |
| 4. Business mailing address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |                             |
| 5. Business Telephone Number:  | 6. Business E-mail Address: |

**BLOCK C – IDENTIFICATION OF TRANSFEREE**

*Applicant must be a person, and an eligible processor as defined in § 679.130.*

|  |                             |
|--|-----------------------------|
| 1. Name of Transferor:   | 2. NMFS Person ID:          |
| 3. Federal Processor Permit Number or Federal Fisheries Permit Number:                             | 4. ADF&G Number:            |
| 5. Business mailing address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |                             |
| 6. Business Telephone Number:  | 7. Business E-mail Address: |

**BLOCK D – PCTC PROGRAM QS PERMIT OWNERSHIP DOCUMENTATION**

*To be completed by the Transferee/Receiver*

Provide the names of all persons, to the individual level, holding an ownership interest in the PCTC Program QS permit and the percentage ownership each person and individual will hold in the PCTC Program QS permit.

| 1. Name of Owner(s) | 2. NMFS ID | 3. Percentage of Ownership |
|---------------------|------------|----------------------------|
|                     |            |                            |
|                     |            |                            |
|                     |            |                            |
|                     |            |                            |
|                     |            |                            |
|                     |            |                            |

**BLOCK E – TRANSFERS OF PCTC PROGRAM QS PERMITS TO ANOTHER PERSON**

Identify PCTC Program QS permit(s) being transferred:

| PCTC Program QS Permit Number | QS Units |
|-------------------------------|----------|
|                               |          |
|                               |          |

Will this processor-held QS be added to an existing processor-held PCTC Program QS permit held by the transferee?

YES  NO

If YES, list the PCTC Program QS permit number(s) that this QS is to be added below.

| PCTC Program QS Permit Number |
|-------------------------------|
|                               |
|                               |
|                               |

**BLOCK F – SALE INFORMATION FOR PCTC PROGRAM QS PERMIT TRANSFER**

1. What is the total amount being paid for the PCTC Program QS permit in this transaction, including all fees? \$

2. What was the reason for transferring the PCTC Program QS permit?

3. Is the PCTC Program QS permit being used as collateral for a loan?

YES  NO

If YES, name of party holding security interest or lien:

4. Is the transfer of this PCTC Program QS permit part of an agreement that also transfers ownership of a processing plant?

YES  NO

If YES, enter name of processing plant and/or company:

5. Is there an agreement to return the permit to the transferor or to transfer it to any other person, or is there any condition requiring the resale or conveyance of the permit?

YES  NO

If **YES**, please explain (*use attachment if necessary*):

| <b>BLOCK G – SIGNATURE OF TRANSFEROR</b>  |       |
|---|-------|
| <i>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.</i> |       |
| Signature of transferor or authorized representative:   | Date: |
| Printed name of transferor or authorized representative. If representative, <b>attach</b> authorization:        |       |

| <b>BLOCK H – SIGNATURE OF TRANSFEREE</b>  |       |
|---|-------|
| <i>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.</i> |       |
| Signature of transferee or authorized representative:   | Date: |
| Printed name transferee or authorized representative. If representative, <b>attach</b> 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 0648-0811. 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:** 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 QS permit is required for processors participating in the PCTC Program in the Bering Sea and Aleutian Islands (BSAI). As the selection process for the QS holders has ended, no new QS permits will be issued; a QS permit may only be obtained through transfer. The information requested on this form is used to manage the QS permit. The information requested is for the express purpose of ensuring that transfers of QS permits 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 679.130) have been met.

**Routine Uses:** 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](#). 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.

**Disclosure:** Furnishing this information is required to obtain or retain benefits. Failure to provide complete and accurate information will prevent NMFS from transferring the QS permit and any QS assigned to that permit or transferring the PCTC Program QS that exceeds the use cap separate from that permit.

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| <b>Instructions for the<br/>Application for Transfer of PCTC Program QS Permit for Processors</b> |
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A PCTC Program processor who wishes to transfer their PCTC Program permit and any QS assigned to that permit or wishes to transfer their PCTC Program QS that exceeds the use cap separate from that permit must submit a complete application that is approved by NMFS.

NMFS will approve a request for transfer of a PCTC Program QS permit to another processor and any QS assigned to that permit if that PCTC Program QS permit is not in excess of the use cap specified in § 679.133 at the time of transfer 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 a PCTC Program QS permit provided that an application is completed, with all information fields accurately filled in, and all required additional documentation is attached.

**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 contract terms between the parties.

### **GENERAL INFORMATION**

**Please allow at least 10 working days for this application to be processed.** The parties will be notified upon approval of the transfer. It is important that all blocks are completed and attachments 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 request for a transfer.

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 —

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>

## ***COMPLETING THE APPLICATION***

### **BLOCK A – REQUIRED DOCUMENTATION**

Use the checklist to ensure your application is complete. Incomplete applications will not be processed. Submit all required documentation including the completed application; Power of Attorney document (if applicable); Processor ownership information provided by the Transferee/Receiver; and the copy of Sale/Transfer Agreement. A legible copy of a contract or sales agreement that specifies the PCTC Program QS permit to be transferred, the processor, the designated transferee, the monetary value or the terms of the PCTC Program QS permit transfer, and the signature of the processor and the designated transferee must be attached to this application.

### **BLOCK B – IDENTIFICATION OF TRANSFEROR (seller)**

1. Enter the full, legal, business name of the person that holds QS to be transferred.
2. Enter the transferor's NMFS Person ID number.
3. Enter Federal Processor Permit or Federal Fisheries Permit Number.
4. 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.
5. Enter the business telephone number.
6. Enter the business email address.

### **BLOCK C – IDENTIFICATION OF TRANSFEREE (buyer)**

1. Enter the full, legal, business name of the person who is to receive the QS by transfer.
2. Enter the transferee's NMFS Person ID number.
3. Enter Federal Processor Permit or Federal Fisheries Permit Number. Permits issued to shoreside processors can only be transferred to other shoreside processors that hold an FPP. The owner of a catcher/processor authorized to act as a mothership in the BSAI Pacific cod fishery may transfer their QS permit to an FPP holder or an FFP holder authorized to act as a mothership in the BSAI Pacific cod fishery, subject to eligibility requirements under BSAI Amendment 120 to limit catcher/processors acting as motherships.
4. Enter the ADF&G Number.
5. 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.
6. Enter the business telephone number.
7. Enter business email address.

### **BLOCK D – PROCESSOR OWNERSHIP DOCUMENTATION**

1. Enter the names of all persons, to the individual level, holding an ownership interest in the processor being transferred.
2. Enter the NMFS ID number for each person holding ownership interest.
3. Enter the percentage of ownership interest that each constituent member holds; for example, if there are three equal owners, enter "33-1/3%" for each.

4. Indicate if this processor-held QS will be added to an existing processor-held PCTC Program QS permit held by the transferee.
5. If YES, list the PCTC Program QS permit number(s) that this QS is to be added below.

#### **BLOCK E – TRANSFERS OF PCTC PROGRAM QS PERMITS TO ANOTHER PERSON**

Identify the PCTC Program QS permit(s) to be transferred, including each original PCTC Program QS permit with this application. List the PCTC Program QS permit numbers and how much QS is attached to each permit.

#### **BLOCK F – SALE INFORMATION FOR PCTC Program QS PERMIT TRANSFER**

1. Enter the total amount being paid for the permit in this transaction, including all fees.
2. Enter the reason for transferring the PCTC Program QS permit.
3. Indicate whether the PCTC Program QS permit to be transferred will be used as collateral for a loan. If yes, list the party holding the security interest or lien.
4. Indicate whether the transfer of this PCTC Program QS permit is part of an agreement that also transfers ownership of a processing plant. If yes, list the name of processing plant and/or company
5. Indicate if there an agreement to return the permit to the transferor or to transfer it to any other person, or is there any condition requiring the resale or conveyance of the permit. If yes, please explain (*use attachment if necessary*).

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

Applicant must print and sign their 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.**

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

Applicant must print and sign their 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.**