
	<h2 style="margin: 0;">Application For Annual Crab Individual Processing Quota (IPQ) Permit</h2>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management 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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Annual Application Deadline – June 15

This application is for eligible persons who hold Processing Quota (PQS) to obtain a permit to process specific amounts of crab. Applications received after June 15 may not be processed, and Individual Processing Quota (IPQ) may not be issued to the applicant.

BLOCK A – APPLICANT INFORMATION		
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. Business E-mail Address:

BLOCK B – TYPE OF ANNUAL IPQ FOR WHICH APPLICATION IS MADE
<p>Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.</p> <p><input type="checkbox"/> ALL FISHERIES for which applicant holds PQS</p> <p>Only those fisheries checked below:</p> <p style="text-align: center;"> <input type="checkbox"/> BBR <input type="checkbox"/> BSS <input type="checkbox"/> EAG <input type="checkbox"/> EBT <input type="checkbox"/> WBT <input type="checkbox"/> PIK <input type="checkbox"/> SMB <input type="checkbox"/> WAG <input type="checkbox"/> WAI </p>

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST
(to be completed by Applicants who are not individuals (i.e., corporations, partnerships, etc.))

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. If a listed owner is not an individual, provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level.

Name of Owner	% Interest	Name of Owner	% Interest

Duplicate this form as necessary to display all of the Applicant’s owners (and owners of owners)

BLOCK D – ROFR CONTRACT

Is any of the PQS you hold subject to right of first refusal (ROFR) with an Eligible Crab Community (ECC)?

YES NO

If YES, provide the name of the ECC entity associated with the PQS:

IF YES, do the PQS holder and the ECC entity identified above , have in place at the time of this application a current ROFR contract that includes all of the ROFR contract terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs?

YES NO

BLOCK E – APPLICANT SIGNATURE

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

1. Signature of Applicant:	2. Date:

3. Printed Name of Applicant: **(Note: If completed by an authorized representative, attach authorization.):**

Instructions

**APPLICATION FOR ANNUAL CRAB
INDIVIDUAL PROCESSING QUOTA (IPQ) PERMIT**

IPQ permits are issued annually to eligible persons who hold Processing Quota (PQS). These permits authorize their holders to process a specific amount of crab, under the terms and conditions set out on the permit. Individual Processing Quota (IPQ) permits are valid for one year -- the crab year for which they are issued.

Issuance of the correct amount and type of IPQ is entirely dependent on information provided by PQS holders on their annual IPQ applications. The completed application must be received by NMFS **no later than June 15**. An application that is received after June 15 may not be processed and may not yield annual IPQ.

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 —

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 please contact RAM as follows:

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 – APPLICANT INFORMATION

1. Provide the Applicant's name.
2. Provide the Applicant's NMFS Person ID.
3. 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.
4. Enter business telephone number
5. Enter business fax number
6. Enter business e-mail address

BLOCK B – TYPE OF ANNUAL QUOTA FOR WHICH APPLICATION IS MADE

Indicate the type of annual IPQ requested. If selecting fisheries, check those boxes that apply. If selecting all fisheries, check the ALL FISHERIES box.

BLOCK C – IDENTIFICATION OF OWNERSHIP INTEREST

If the Applicant identified in Block A is NOT an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. Provide the same information for each owner until all owners and their percent of ownership are revealed to the individual level. See example below:

Name of Owner	% Interest
Joe Potpuller	25%
Alice Potpuller	25%
Quotaholder Family Holdings, Inc.	50%
C. Quotaholder	25% (of 50%)
R. Quotaholder	25% (of 50%)
A. Quotaholder	25% (of 50%)
B. Quotaholder	25% (of 50%)

Duplicate this form, or attach a separate sheet of paper if necessary to display all of the Applicant's owners (*and owners of the Applicant's owners to the individual level*).

BLOCK D – CERTIFICATION OF ROFR CONTRACT

NOTE: *An annual IPQ Permit will not be issued if this block is not completed.*

Indicate whether any of the PQS you hold is associated with an eligible crab community (ECC).

IF YES, provide the name of the ECC entity associated with the PQS and indicate whether the PQS holder and the ECC entity, at the time of this application, have in place a current ROFR contract. The contract in place between the ECC entity and the PQS holder must include the terms specified in Chapter 11 section 3.4.4.1.2 of the Fishery Management Plan for Bering Sea/Aleutian Islands King and Tanner Crabs and at <http://alaskafisheries.noaa.gov/sustainablefisheries/crab/crfaq.htm>.

BLOCK E – APPLICANT SIGNATURE

Enter applicant or authorized 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.

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 2 hours, 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 issue crab IPQ permits. 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 an applicant from receiving a crab IPQ permit.
