
	<h2 style="margin: 0;">Application For Transfer (Lease) Of Crab IPQ</h2>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service 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	
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**Notes:**

1. Applications to transfer (lease) annual Individual Processor Quota (IPQ) will not be processed between August 1 of any year and the date of issuance of the IPQ in a Bering Sea and Aleutian Islands Management Area Crab Rationalization Program (CR Program) fishery.
2. This application may only be used to apply for a lease of annual IPQ for the current crab fishing year. All other applications for transfers, including inter-cooperative transfers, must be submitted on appropriate transfer applications.

**BLOCK A – TYPE OF TRANSFER**

1. Will this transfer of IPQ be used **within the Eligible Crab Community (ECC)** with which the IPQ is currently associated?

YES                       NO                       NOT APPLICABLE

**If YES, indicate the name of the current ECC that has the Right of First Refusal (ROFR)**

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2. Will this transfer of IPQ be used **outside the ECC** with which the IPQ is currently associated?

YES                       NO                       NOT APPLICABLE

**BLOCK B -- IDENTIFICATION OF TRANSFEROR (LESSOR)**

1. Name of Transferor:	2. NMFS Person ID:	
	3. Date of Incorporation:	
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address:	
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail Address:
9. Has transferor submitted an EDR, if required to do so under § 680.6?		
YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		
10. Has transferor paid all fees, as required by § 680.44?		
YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		



**BLOCK E – CERTIFICATION OF TRANSFEROR**

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

1. Signature of Transferor:

2. Date:

3. Printed Name of Transferor: (If authorized representative, **attach** authorization)

**BLOCK F – CERTIFICATION OF TRANSFEREE**

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

1. Signature of Transferee:

2. Date:

3. Printed Name of Transferee: (If authorized representative, **attach** authorization)

**Instructions**  
**APPLICATION FOR TRANSFER (LEASE) OF CRAB IPQ**

**GENERAL INFORMATION**

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of IPQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of IPQ for the current crab fishing year. All other applications for transfers must be submitted on an appropriate transfer application.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the CR Program, including (as appropriate):

◆ Submit an CR Economic Data Report (EDR).

A CR EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is **June 28**.

To request that a printed EDR be mailed to you (at no cost), contact:

Pacific States Marine Fisheries Commission  
205 SE Spokane, Suite 100  
Portland, OR 97202  
Telephone: 1-877-741-8913  
e-mail [info@psmfc.org](mailto:info@psmfc.org).

◆ Payment of all outstanding fees to NMFS on or before July 31.

All CR allocation holders and Registered Crab Receiver (RCR) permit holders are subject to a fee liability for any CR crab debited from a CR allocation during a crab fishing year, except for crab designated as personal use or deadloss, or crab confiscated by NMFS or the State of Alaska. The annual cost recovery fee submission deadline is **July 31**.

**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**

Online to: <http://alaskafisheries.noaa.gov/>

The transferor and transferee designated representatives must log into the system as indicated on the computer screen.

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

### **COMPLETING THE FORM**

#### **BLOCK A – TYPE OF TRANSFER**

1. Indicate whether this IPQ transfer will be used within the **Eligible Crab Community (ECC)** with which the IPQ is currently associated. An ECC is a community in which at least 3 percent of the initial allocation of processor quota share (PQS) of any crab fishery is allocated. The specific communities are:

CDQ* Communities	Non-CDQ Communities
Akutan False Pass St. George St. Paul	Unalaska/Dutch Harbor Kodiak King Cove Port Moller Adak

\*CDQ = Western Alaska Community Development Quota

**If YES**, indicate the name of the current ECC that has the Right of First Refusal (ROFR) and **attach an affidavit** stating:

- ◆ That the ECC wishes to permanently waive ROFR for the IPQ or
- ◆ That the proposed recipient of the IPQ has completed a ROFR contract with the ECC Entity for the IPQ.

**Right of First Refusal (ROFR)** means the civil contract provisions set forth under section 313(j) of the Magnuson-Stevens Act between the holders of PQS and IPQ and ECC entities, other than Adak, Alaska, for the opportunity of ECCs to exercise the right to purchase or lease PQS or IPQ proposed to be transferred by a holder of PQS or IPQ in an ECC.

2. Indicate whether this transfer of IPQ will be used outside the ECC with which the IPQ is currently associated.

**If YES**, requesting transfer of IPQ for use outside an ECC that has designated an entity to represent it in exercise of ROFR under § 680.41(l), **attach an affidavit** signed by the applicant stating that notice of the proposed transfer has been provided to the ECC entity under civil contract terms referenced under §680.40(f)(3) for the transfer of any IPQ subject to ROFR.

**Please note:** the Regional Administrator will not act upon the application for a period of 10 days. At the end of that time period, the application will be approved if the criteria set forth in §680.41(i) are met.

**BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)**

1. Enter the full name of the person who intends to transfer the annual IPQ.
2. Enter transferor’s NMFS Person ID.
3. Enter the transferor’s date of incorporation.
4. Enter the transferor’s permanent business mailing address.
5. Enter the transferor’s temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
6. Enter business telephone number
7. Enter business fax number
8. Enter business e-mail address
9. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.
10. Indicate whether transferor has paid all fees, as required by § 680.44.

**BLOCK C – IDENTIFICATION OF TRANSFEREE (LESSEE)**

1. Enter the full name of the person who intends to receive the annual IPQ.
2. Enter the transferee’s NMFS Person ID.
3. Enter the transferee’s date of incorporation.
4. Enter the transferee’s permanent business mailing address.
5. Enter the transferee’s temporary business mailing address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
6. Enter business telephone number
7. Enter business fax number
8. Enter business e-mail address
9. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6.
10. Indicate whether transferee has paid all fees, as required by § 680.44.

**BLOCK D – IDENTIFICATION OF IPQ TO BE TRANSFERRED**

Enter the IPQ permit number, Fishery, Sector, Region, and the number of IPQ pounds that are intended to transfer.

For your assistance in completing this block, the following table identifies the appropriate codes for each fishery, sector and region.

Crab Fishery	Code
Bristol Bay red king	BBR
Bering Sea snow	BSS
Bering Sea Tanner	BST
Eastern Aleutian Golden	EAG
Pribilof red and blue king	PIK
St. Matthew blue king	SMB
Western Aleutian golden	WAG
Western Aleutian red king	WAI

Sector of QS	Code
Catcher Vessel Owner	CVO
Catcher/Processor Owner	CPO
Catcher Vessel Captain/Crew	CVC
Catcher/Processor Captain/Crew	CPC
Processor Quota	PQS

Region	Code
North	N
South	S
West	W
Undesignated	U

Repeat this information for all IPQ pounds that are intended to be transferred. If more space is needed, duplicate Block D as necessary.

### BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE

Print name, sign, and enter date of signature of both the transferor and transferee. Note, that if an authorized representative is completing the form, full authorization must be **attached**.

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#### 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 2.5 hours per paper response and 1 hour per electronic 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:** NMFS is collecting this information to manage the Crab Rationalization Program.

**Routine Uses:** NMFS will use this information to transfer (lease) crab IFQ. 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 the transfer (lease) of crab IPQ.

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