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|  | <h2 style="margin: 0;">Application for<br/>BSAI Crab<br/>Hired Master (Skipper) Permit</h2> | <p>U.S. Dept. of Commerce/NOAA<br/>National Marine Fisheries Service<br/>(NMFS) Restricted Access Management<br/>(RAM) 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 / ram.alaska@noaa.gov</p>  |
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This application is required for IFQ permit holders, including cooperatives, to authorize an IFQ Hired Master under the BSAI Crab Rationalization (CR) Program; it may also be used to delete such authorization.

- ◆ Submit a separate form for each vessel upon which the applicant’s IFQ permit(s) is to be fished by the hired skipper(s).
- ◆ For a crab harvesting cooperative, the cooperative’s Authorized Representative (designated agent) must submit this application.

| <b>BLOCK A – PURPOSE OF APPLICATION</b>  |   |
|--|---|
| <p>Add Authorized Hired Skipper: <input type="checkbox"/></p> <p>Delete Authorized Hired Skipper: <input type="checkbox"/></p> | <p>IFQ Permit(s) numbers for which this authorization applies:</p> <p>_____</p> <p>_____</p> <p>_____</p> |

| <b>BLOCK B – IFQ PERMIT HOLDER (APPLICANT) INFORMATION</b>   |                           |                             |
|--|---------------------------|-----------------------------|
| 1. Name of IFQ Permit Holder:  | 2. NMFS Person ID:        |                             |
| 3. Name of Cooperative, if applicable:   | 4. Cooperative’s NMFS ID: |                             |
| 5. Name of Cooperative’s Authorized Representative (Print):  |                           |                             |
| 6. Business Mailing Address: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> |                           |                             |
| 7. Business Telephone Number:  | 8. Business Fax Number:   | 9. Business E-Mail Address: |

**BLOCK C – VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED**

|   |                  |                          |
|---|------------------|--------------------------|
| 1. Vessel Name:   | 2. ADF&G Number: | 3. USCG Official Number: |
| 4. Does the Crab IFQ Permit Holder hold an ownership interest of at least 10% in the named vessel?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br><b>If NO</b> , the applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.<br><b>If YES, attach</b> a contemporary USCG Abstract of Title or Certificate of Documentation that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.   |                  |                          |
| 5. If the Crab IFQ Permit Holder is a Crab Harvesting Cooperative, does a member of the cooperative hold an ownership interest of at least 10% in the named vessel?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br><b>If NO</b> , the applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.<br><b>If YES</b> , print name of cooperative member holding a vessel ownership interest of at least 10% in the named vessel<br><br>_____<br><br><b>Attach</b> a contemporary USCG Abstract of Title or Certificate of Documentation with respect to the named vessel; no other documentation of ownership is acceptable. |                  |                          |

**BLOCK D – IDENTIFICATION OF HIRED SKIPPER(S)**

*(Complete a separate block for each Hired Skipper)*

|  |                         |                             |
|--|-------------------------|-----------------------------|
| 1. Name of Hired Skipper:  | 2. NMFS Person ID:      |                             |
| 3. Business Mailing Address: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> |                         |                             |
| 4. Business Telephone Number:  | 5. Business Fax Number: | 6. Business E-Mail Address: |

|  |                         |                             |
|--|-------------------------|-----------------------------|
| 1. Name of Hired Skipper:  | 2. NMFS Person ID:      |                             |
| 3. Business Mailing Address: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> |                         |                             |
| 4. Business Telephone Number:  | 5. Business Fax Number: | 6. Business E-Mail Address: |

***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  
CRAB IFQ HIRED MASTER (SKIPPER) PERMIT**

A crab individual fishing quota (IFQ) Hired Master permit is issued on an annual basis and authorizes the individual identified on the permit to harvest and land IFQ crab for debit against the specified crab IFQ permit. Individual Fishing Quota (IFQ) permit holders, including cooperatives, must submit this application to authorize an IFQ Hired Master (Hired Skipper) under the BSAI Crab Rationalization regulations. It may also be used to delete such authorization.

If a Hired Master is harvesting IFQ, a legible copy of an IFQ Hired Master permit must be on board a vessel used to harvest IFQ crab at all times such crab are retained on board.

An individual who is issued a Crab IFQ Hired Master Permit must remain on board the vessel used to harvest IFQ crab during the crab QS fishing trip and at the landing site until all crab harvested under that permit are offloaded and the landing report for such crab has been completed.

**Who Needs a Hired Master Permit?**

- ◆ A separate application must be submitted for each vessel upon which the applicant's IFQ permit(s) is to be fished by a hired skipper.
- ◆ For a crab harvesting cooperative, an application for a Hired Master permit must be submitted by the cooperative's Authorized Representative (designated agent), as set out on the cooperative's IFQ application.
- ◆ Crab IFQ permits issued to non-individual Quota Share (QS) holders may only be legally fished if an individual IFQ Hired Skipper has been designated to fish such permit. RAM will not automatically provide a permit to the representative or the agent of non-individual QS Holders; therefore, Crab IFQ permit holders who are not individuals must designate a master to harvest their crab annual IFQ.

**NOTE:** Hired Master Permits may not be issued to harvest IFQ in the Captain/Crew (CVC, CPC) sectors.

***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 – PURPOSE OF APPLICATION**

Indicate whether you are adding an authorized Hired Skipper to fish your IFQ permit, or if you are deleting authority for a Hired Skipper.

Enter the IFQ Permit Number(s) for which the authorization applies.

#### **BLOCK B – PERMIT HOLDER (APPLICANT) INFORMATION**

1. Enter the permit holder's name
2. Enter NMFS Person ID
3. If the applicant is a crab harvesting cooperative, enter the cooperative's name.
4. Enter the cooperative's NMFS person ID
5. Enter the name of the cooperative's authorized representative.
6. Enter the Applicant's business mailing address (and indicate whether it is permanent address or a temporary address)
7. Enter business telephone number
8. Enter business fax number
9. Enter business e-mail address

#### **BLOCK C – VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED**

1. Enter the vessel name.
2. Enter the vessel's ADF&G number
3. Enter the vessel's United States Coast Guard (USCG) documentation number.
4. Indicate whether the crab IFQ permit holder holds an ownership interest of at least 10% in the vessel.  
**If NO, STOP.** The applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.  
**If YES, attach** a contemporary USCG Abstract of Title or Certificate of Documentation that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.
5. If the crab IFQ permit holder is a crab harvesting cooperative, indicate whether a member of the cooperative owns a minimum of 10% interest in the named vessel.  
**If NO, STOP.** The applicant is not eligible to hire a skipper to harvest the crab authorized by the permit, and this application will be denied.  
**If YES, print** name of cooperative member holding a vessel ownership interest of at least 10% in the named vessel.  
**Attach** a contemporary USCG Abstract of Title or Certificate of Documentation with respect to the named vessel; no other documentation of ownership is acceptable.

#### **BLOCK D – IDENTIFICATION OF HIRED SKIPPER(S)**

Complete a separate block for each Hired Skipper

1. Enter the Hired Skipper's name
2. Enter the Hired Skipper's NMFS person ID
3. Enter the Hired Skipper's business mailing address (and indicate whether it is a permanent address or a temporary address)
4. Enter business telephone number for the Hired Skipper
5. Enter business fax number for the Hired Skipper
6. Enter business e-mail address for the Hired Skipper

## 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.

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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 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. 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 or revoke BSAI Crab Hired Master 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 the issuance or revocation of BSAI Crab Hired Master Permit.

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