
	<h2 style="margin:0;">Application to Become An Eligible Crab Community Organization (ECCO)</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 (907) 586-7354 fax / ram.alaska@noaa.gov	
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**BLOCK A IDENTIFICATION OF APPLICANT**

1. Name of Non-Profit Organization:	2. NMFS Person ID:	
3. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	4. Name of Representative:	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:
8. Name of Community Represented by Non-Profit:	9. Name of Contact Person for Community Governing Body	

**BLOCK B REQUIRED ATTACHMENTS**

**The following information must be included as attachments to this application; the application will not be processed unless appropriate information and documentation are provided.**

- Articles of incorporation under the laws of the State of Alaska for that non-profit organization
- Statement indicating the eligible crab community(ies) (ECCs) represented by that non-profit organization for purposes of holding crab quota share (QS)
- Bylaws of the non-profit organization
- List of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers
- Additional contact information of the managing personnel for the non-profit and resumes of management personnel
- Describe how the non-profit is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit has the management skills and technical expertise to manage QS and individual fishing quota (IFQ)
- Describe the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:  
 Procedures used to solicit requests from residents to lease IFQ  
 Criteria used to determine the distribution of IFQ leases among qualified community residents, and  
 The relative weighting of those criteria.

<b>BLOCK C APPLICANT SIGNATURE</b>	
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 (if authorized representative, <b>attach</b> proof of authorization):	

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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 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 authorize the formation of an Eligible Crab Community Organization. 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 formation of an Eligible Crab Community Organization.

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Instructions  
APPLICATION TO BECOME AN  
ELIGIBLE CRAB COMMUNITY ORGANIZATION (ECCO)

This application is required to establish a person’s eligibility to become an eligible crab community organization (ECCO) in the Crab Rationalization (CR) Program.

An eligible crab community (ECC) is an Alaskan community, not a Western Alaska Community Development Quota (CDQ) community, in which 3 percent or more of any CR crab fishery was historically processed. An ECC can form a nonprofit entity to receive quota share (QS), individual fishing quota (IFQ), processor quota share (PQS), and individual processor quota (IPQ) transfers on behalf of the community. QS represents a long-term privilege to harvest a percentage of the crab fishery. IFQ is the pounds of crab that QS yields each year. PQS is a long-term privilege to receive a percentage of the crab harvest in a fishery. PQS annually yields IPQ, which is the pounds of crab that PQS yields each year.

Prior to initially receiving QS or IFQ by transfer on behalf of a specific ECC, a non-profit organization that intends to represent that community as an ECCO must submit an Application to Become an Eligible ECCO and have that application approved by the Regional Administrator.

CR crab may be transferred to or from an ECCO. The ECCO may then lease IFQ to community residents. 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

**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 - IDENTIFICATION OF APPLICANT**

1. Name of the non-profit organization.
2. NMFS Person ID of the non-profit organization.
3. Permanent or temporary business mailing address; indicate which.
4. Name of non-profit organization's designated representative.
5. Enter business telephone number for Representative
6. Enter business fax number for Representative
7. Enter business e-mail address for Representative
8. Name of community represented by the non-profit.
9. Name of contact person for the governing body of community represented.

### **BLOCK B -- REQUIRED ATTACHMENTS**

Attach the following documents to the application. Indicate with a checkmark.

- ◆ The articles of incorporation under the laws of the State of Alaska for that non-profit organization.
- ◆ A statement indicating the ECC represented by that non-profit organization for purposes of holding QS.
- ◆ The bylaws of the non-profit organization.
- ◆ A list of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers.
- ◆ Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel.
- ◆ A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and IFQ.
- ◆ A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:

Procedures used to solicit requests from residents to lease IFQ.

Criteria used to determine the distribution of IFQ leases among qualified community residents;  
And The relative weighting of those criteria.

### **BLOCK C -- APPLICANT CERTIFICATION**

Applicant must print and sign his or her 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.**