
	<h2 style="margin: 0;">Application For Transfer (Lease) Of Crab IFQ</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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Annual Application Deadline – August 1

1. Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another **will not be processed between August 1** of any year and the date of issuance of the IFQ 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 CVC/CPC IFQ from one individual to another 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 IFQ TRANSFER

1. Is this a transfer of CVC/CPC IFQ? YES NO

If NO, Stop Here. This form may only be used to transfer CVC/CPC IFQ.

If YES, Transferee must have been approved for a Transfer Eligibility Certificate by NMFS, Alaska Region and must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ. Proof of this landing is:

- ◆ Alaska Department of Fish and Game (ADF&G) Fish Ticket with signature of the applicant, or
- ◆ An affidavit from the vessel owner attesting to that individual’s participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Name of Transferor:	2. NMFS Person ID:	
3. Business Mailing Address: Indicate whether <input type="checkbox"/> Permanent or <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address:
7. 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"/>		
8. Has transferor paid all fees, as required by § 680.44? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		

BLOCK C – IDENTIFICATION OF TRANSFEREE (LESSEE)

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

BLOCK D – IDENTIFICATION of IFQ to be TRANSFERRED (LEASED)

Permit Number	Fishery	Sector	Region	IFQ (Class A, B, R, or U)	Pounds

BLOCK E – CERTIFICATION OF TRANSFEROR	
<i>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.</i>	
1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: (If authorized representative, attach authorization)	

BLOCK F – CERTIFICATION OF TRANSFEREE	
<i>Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.</i>	
1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: (If authorized representative, attach authorization)	

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 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 IFQ.

Instructions
APPLICATION FOR TRANSFER (LEASE) OF CRAB IFQ

GENERAL INFORMATION

Applications to transfer (lease) annual Individual Fishing Quota (IFQ) from one person to another will not be processed between August 1 of any year and the date of issuance of the IFQ in a Bering Sea and Aleutian Islands Management Area (BSAI) Crab Rationalization(CR) Program fishery.

NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of catcher vessel crew/catcher/processor crew (CVC/CPC) IFQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of CVC/CPC IFQ from one individual to another 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 Economic Data Report (EDR).
An 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

For more information or if you have questions, please call toll free 1-877-741-8913

Pacific States Marine Fisheries Commission
205 SE Spokane, Suite 100
Portland, OR 97202

Telephone: 1-877-741-8913

FAX Number: 503-595-3450

e-mail: 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 on or before **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**

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 FORM

BLOCK A – TYPE OF TRANSFER

1. If applying to receive Catcher Vessel Captain/Crew (CVC) or Catcher-Processor Crew (CPC) IFQ by transfer, the Transferee (person listed in Block C) must have applied for and been approved for a Transfer Eligibility Certificate from NMFS AND must submit proof of at least one delivery of a crab species in any CR crab fishery in the 365 days prior to submission to NMFS of the Application for Transfer of IFQ:
 - ◆ ADF&G Fish Ticket with signature of the applicant, or
 - ◆ An affidavit from the vessel owner attesting to that individual's participation as a member of a fish harvesting crew onboard a vessel during a landing of a crab quota share (QS) species within the 365 days prior to submission of an Application for transfer of crab IFQ.

BLOCK B – IDENTIFICATION OF TRANSFEROR (LESSOR)

1. Enter the full name of the person who intends to transfer the annual IFQ.
2. Enter transferor's NMFS Person ID.
3. Enter the transferor's business mailing address.
If permanent, NMFS/AKR records will be updated to reflect this address.
If temporary, NMFS/AKR will not update its records but will use this address to mail any materials related to this application.
4. Enter business telephone number
5. Enter business fax number
6. Enter business e-mail address
7. Indicate whether transferor has submitted an EDR, if required to do so under § 680.6.
8. 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 IFQ.
2. Enter the transferee’s NMFS Person ID.
3. Enter the transferor’s business mailing address
If permanent, NMFS/AKR records will be updated to reflect this address.
If temporary, NMFS/AKR will not update its records but will use this address to mail any materials related to this application.
4. Enter business telephone number
5. Enter business fax number
6. Enter business e-mail address
7. Indicate whether transferee has submitted an EDR, if required to do so under § 680.6.
8. Indicate whether transferee has paid all fees, as required by § 680.44.

BLOCK D – IDENTIFICATION OF IFQ TO BE TRANSFERRED

Enter the IFQ permit number, Fishery, Sector, Region, IFQ class (A, B, R, or U), and the number of IFQ 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 IFQ 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.