
	<p><b>Application For Transfer Of Individual Fishing Quota (IFQ) Between Crab Harvesting Cooperatives</b></p>	<p>U.S. Department 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</p> 
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**Notes:**

- ◆ Applications to transfer Individual Fishing Quota from one Crab Harvesting Cooperative to another will not be processed in a crab season until after Individual Fishing Quota (IFQ) amounts for that season have been calculated and issued.
- ◆ This form is used to apply for a transfer of IFQ from one Crab Harvesting Cooperative to another; all other applications for transfers must be submitted on an appropriate transfer application form.
- ◆ **Attachment:** a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

<b>BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)</b>		
1. Name of Transferor:	2. NMFS Person ID:	
	3. Date of Incorporation:	
4. Name of Authorized Representative ( <i>print</i> ):		
5. Business Mailing Address of Cooperative:	6. Temporary Business Mailing Address ( <i>see instructions</i> )	
7. Business Telephone Number:	8 Business FAX Number:	9. Business e-mail Address:

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

1. Name of Transferee:		2. NMFS Person ID:
		3. Date of Incorporation:
4. Name of Authorized Representative ( <i>print</i> ):		
5. Business Mailing Address of Cooperative:		6. Temporary Business Mailing Address ( <i>see instructions</i> )
7. Business Telephone No.:	8 Business FAX No.:	9. Business e-mail Address:

**BLOCK C<sub>1</sub> – SIGNATURE 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 Authorized Representative of the Transferor:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferor:	

**BLOCK C<sub>2</sub> – SIGNATURE 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 Authorized Representative of the Transferee:	2. Date Signed:
3. Printed Name of Authorized Representative of the Transferee:	

**BLOCK D<sub>1</sub> – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE)  
TO COOPERATIVE MEMBERS (To be completed by Transferor)**

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D<sub>1</sub> to cooperative members in Block D<sub>2</sub>.

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

**BLOCK D<sub>2</sub> – IDENTIFICATION OF COOPERATIVE MEMBERS (To be completed by Transferee)**

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. **Duplicate this page as necessary**

1. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

**BLOCK D<sub>1</sub> – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE)  
TO COOPERATIVE MEMBERS (To be completed by Transferor)**

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the IFQ identified in Block D<sub>1</sub> to cooperative members in Block D<sub>2</sub>.

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

***BLOCK D<sub>2</sub> – IDENTIFICATION OF COOPERATIVE MEMBERS (To be completed by Transferee)***

The Transferee's Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. **Duplicate this page as necessary**

1. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Amount of IFQ:

Instructions  
APPLICATION FOR  
TRANSFER OF IFQ BETWEEN CRAB HARVESTING COOPERATIVES

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS.

This application may only be used to apply for a transfer of IFQ between Crab Harvesting Cooperatives. All other applications for transfer must be submitted on an appropriate transfer application.

This Application to Transfer IFQ between Crab Harvesting Cooperatives will not be processed in any year until after IFQ amounts have been calculated and issued.

The application will not be processed or approved unless it is complete; in addition to providing the information required by this Application, a copy of the terms and conditions of the transfer agreement must be attached. Such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

This application cannot be processed or approved unless all parties to the proposed transfer (including the proposed transferor, the proposed transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the BSAI Crab Rationalization 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

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 on or before **July 31**.

**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](mailto:ram.alaska@noaa.gov)

Website: <https://www.fisheries.noaa.gov/region/alaska>

### ***COMPLETING THE APPLICATION***

#### **BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)**

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to transfer the IFQ to another Crab Harvesting Cooperative.
2. Enter the NMFS “Person ID” number.
3. Enter the Date of Incorporation.
4. Enter (print) the name of the Authorized Representative.
5. Enter the Permanent Business Mailing Address.
6. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
7. Enter business telephone number
8. Enter business fax number
9. Enter business e-mail address

#### **BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)**

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to receive the IFQ from another Crab Harvesting Cooperative.
2. Enter the NMFS “Person ID” number.
3. Enter the Date of Incorporation.
4. Enter (print) the name of the Authorized Representative.
5. Enter the Permanent Business Mailing Address.
6. Enter the Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent).
7. Enter business telephone number
8. Enter business fax number
9. Enter business e-mail address

**BLOCKS C<sub>1</sub> AND C<sub>2</sub> – SIGNATURES OF THE TRANSFEROR AND PROPOSED TRANSFEREE**

Enter printed name, signature, and date signed. If authorized representative, **attach** authorization.

**BLOCK D<sub>1</sub> – IDENTIFICATION OF IFQ TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S) (To Be Completed by Transferor)**

If this application is for more IFQ than the space provided on this form allows, **duplicate this page as necessary** to include all intended transfers with one application.

Distribute the IFQ identified in Block D1 to cooperative members in Block D2.

Enter IFQ permit number, BSAI Crab Rationalization fishery (code), sector, region, IFQ Class (A, B, R, or U), and the number of IFQ pounds that are intended to transfer.

**BLOCK D<sub>2</sub> – IDENTIFICATION OF TRANSFEREE MEMBER(S) (To Be Completed By Transferee)**

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

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified.

List all qualifying members individually.

Enter name of Qualifying Member, NMFS Person ID, and amount of IFQ received.

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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 transfer IFQ between crab harvesting cooperatives. 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 of IFQ between crab harvesting cooperatives.

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