
	<p>Application for Converted CPO Quota Share (QS) and CPO IFQ</p>	<p>U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 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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Annual Application Deadline – August 1

This application must be submitted with a completed Annual Application for an IFQ/IPQ Permit

NOTE: This application will not be considered complete until NMFS verifies that applicant:

- Has submitted all required Economic Data Reports
- Has paid all outstanding fee obligations

BLOCK A – IDENTIFICATION OF ENTITY
<p>Indicate below which of the entities, as described in § 680.40(c)(5)(ii) through (c)(5)(iv), is applying for converted catcher/processor CPO QS/IFQ. NOTE: Only entities listed below may apply for converted CPO QS/IFQ.</p> <p><input type="checkbox"/> Entity A: Yardarm Knot, Inc.</p> <p><input type="checkbox"/> Entity B: Blue Dutch, LLC</p> <p><input type="checkbox"/> Entity C: Trident Seafoods, Inc</p>

BLOCK B₁ – ENTITY INFORMATION		
1. Name of Entity:	2. NMFS Person ID:	
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address (<i>see instructions</i>):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

8. . For Entity A or B identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

Person 2

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

*Must be CVO QS initially issued to the entity

BLOCK B₂ – AFFILIATE INFORMATION FOR ENTITY A, B, or C

1. Affiliated Person 2 :		2. NMFS Person ID:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address (<i>see instructions</i>):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:	

1. Affiliated Person 2 :		2. NMFS Person ID:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address (<i>see instructions</i>):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:	

8. For persons affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

Person 1

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

Person 2

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

*Must be CVO QS initially issued to the entity

9. For Entity C identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

Person 2

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

*Must be CVO QS initially issued to the entity

BLOCK C - SIGNATURE OF ENTITY AND AFFILIATES
(each member contributing CVO QS or PQS to this request must sign and date this form)

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

1. Signature of Entity

2. Date:

3. Printed Name of Entity: (**Note:** If completed by an authorized representative, attach authorization.):

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

1. Signature of Affiliate Person 1:

2. Date:

3. Printed Name of Affiliate: (**Note:** If completed by an authorized representative, attach authorization.):

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

1. Signature of Affiliate Person 2:

2. Date:

3. Printed Name of Entity: (If completed by an authorized representative, attach authorization.):

**Instructions – APPLICATION FOR CONVERTED CPO
QUOTA SHARE (QS) AND CPO IFQ**

This Application is due August 1.

This Application must be submitted with a completed Annual Application for IFQ or IPQ Permit.

Under 50 CFR 680.40(c)(5), any persons who are members of or affiliated with the following entities, as described in 50 CFR 680.40(c), may request an issuance of converted CPO QS on an application for IFQ/IPQ for that crab fishing year:

- Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.;
- Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC; and
- Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc. Such requests must meet the criteria listed in regulations at 50 CFR 680.40 in order to be approved.

This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate):

- ◆ Submit an crab Economic Data Report (EDR).

A crab 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-(503) 595-3100 e-mail: info@psmfc.org

- ◆ Payment of all outstanding fees must be submitted to NMFS 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

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

COMPLETING THE APPLICATION

BLOCK A – IDENTIFICATION OF ENTITY

Only the Entities described in § 680.40(c)(5)(ii) through (c)(5)(iv) may apply for converted CPO QS/IFQ. Those Entities are: Yardarm Knot, Inc., Blue Dutch, LLC and Trident Seafoods, Inc.

Indicate which entity is applying for converted CPO QS/IFQ.

BLOCK B₁ – ENTITY INFORMATION

1. Provide the Entity's name.
2. Provide the Entity's NMFS Person ID Number.
3. Provide the Entity's permanent mailing address.
4. Provide the Entity's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.
5. Enter business telephone number
6. Enter business fax number
7. Enter business e-mail address
8. For Entity A or B -- identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS for the current crab fishing year.
9. For Entity C – identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS for the current crab fishing year.

Note: Only 90% of the PQS units identified will be used in the calculation of CPO IFQ. Please ensure that you identify the number of PQS units necessary to obtain the desired number of CPO IFQ pounds.

BLOCK B₂ – AFFILIATE INFORMATION FOR ENTITY A, B, or C

Provide the following for each Affiliated Person whose CVO QS or PQS will be used in this transaction.

Attach additional pages as necessary.

1. Provide the Affiliated Person's name.
2. Provide the Affiliated Person's NMFS Person ID Number.
3. Provide the Affiliated Person's permanent mailing address.
4. Provide the Affiliated Person's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.
5. Enter business telephone number for Affiliated Person
6. Enter business fax number for Affiliated Person
7. Enter business e-mail address for Affiliated Person
8. For person's affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS/IPQ for the current fishing year.
9. For persons affiliated with Entity C, identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS/IPQ for the current fishing year.

BLOCK C – SIGNATURE OF ENTITY AND AFFILIATES

Each Entity and each Affiliated Person submitting CVO QS or PQS for conversion to CPQ QS/IFQ must print and sign his or her name and enter the date the application was signed.

If the application is completed by a designated representative, attach proof of authorization.

Attach additional signature pages as necessary.

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 30 minutes 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 convert CPO QS and CPO IFQ if requested by eligible entities. 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 an eligible entity from converting CPO QS and CPO IFQ.
