

	<h2 style="margin: 0;">Application For Registered Crab Receiver (RCR) Permit</h2>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management 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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MAY BE SUBMITTED ONLINE AT <http://alaskafisheries.noaa.gov/webapps/efish/login>

NOTE: A separate permit is required, and a separate application must be submitted, for each Shoreside Processor and each Stationary Floating Processor (SFP) operated by a processor. Only one permit (and one application) is needed for any number of the applicant's catcher/processor(s).

BLOCK A – NATURE OF THE RCR FOR WHICH YOU ARE APPLYING
To be completed by all applicants.

New Application
 Renewal of existing RCR Permit
 Amendment to existing RCR Permit

If application is a renewal or an amended application, provide current RCR permit number: _____

BLOCK B – APPLICANT IDENTIFICATION
To be completed by all applicants

1. Name (<i>Last, First, Middle Initial</i>):	2. NMFS Person ID::	
3. Name of Contact Person (<i>if Applicant is company, partnership or other business entity</i>):		
4. Permanent Business Mailing Address:		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

BLOCK C – TYPE OF ACTIVITY
(Facility/Vessel Identification)

1. Registered Crab Receiver Operation Type:

Shoreside Processor
 Stationary Floating Processor
 Owner or Operator of Catcher/Processor(s)

Note: if the application is submitted for one or more catcher/processers, only one RCR Permit is required.

2. Identify Crab Receiver Operation <i>(check appropriate box and enter information)</i>	
<input type="checkbox"/> Shoreside Processor Name of Processing Facility:	Physical Location of Facility:
<input type="checkbox"/> Stationary Floating Processor Name of Vessel:	ADF&G Vessel Registration Number:
	Vessel's USCG Number:
<input type="checkbox"/> Catcher/processor Name of Vessel:	ADF&G Vessel Registration Number:
	Vessel's USCG Number:

BLOCK D – INDIVIDUAL RESPONSIBLE FOR SUBMISSION OF ECONOMIC DATA REPORT (EDR)

1. Name of Designated Representative:		
2. Business Mailing Address:		
3. Business Telephone Number:	4. Business Fax Number:	5. Business E-mail:

BLOCK E – SIGNATURE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented herein is true, correct, and complete.

1. Signature of Applicant or Authorized Representative:	2. Date:
3. Printed Name of Applicant or Authorized Representative: <i>(Note: If completed by representative, attach authorization.)</i>	

Instructions
APPLICATION FOR REGISTERED CRAB RECEIVER PERMIT
MAY BE SUBMITTED ONLINE <https://alaskafisheries.noaa.gov/webapps/efish/login>

An RCR permit must be issued to, and displayed by, any processor that receives crab. A separate permit is required (and a separate application must be submitted) for each Shoreside Processor and each Stationary Floating Processor (SFP) operated by a processor. Only one permit (and one application) is needed for any number of the permit holder's catcher/processers. RCR permits are issued annually, for crab fishing years (July 1 through June 30).

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

- ◆ 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 – NATURE OF THE RCR FOR WHICH YOU ARE APPLYING

Indicate if the application is for a new permit, a renewal or an amendment to an existing permit.

If the application is a renewal or amendment, provide the current RCR permit number.

BLOCK B – APPLICANT IDENTIFICATION

1. Provide the name of the person applying to become an RCR.
2. Provide NMFS ID.
3. Provide the name of an authorized representative for the applicant, if the applicant is a corporation, partnership, association, or other non-individual business entity.
4. Provide the permanent business mailing address of the applicant. This is the address to which the RCR permit will be sent.

5. Enter business telephone number
6. Enter business fax number
7. Enter business e-mail address

BLOCK C – TYPE OF ACTIVITY (Facility/Vessel Identification)

1. Registered Crab Receiver (RCR) Operation Type. Indicate the type of activity that the applicant intends to perform as an RCR.
2. Identity of Crab Receiver Operation.
If a Shoreside Processor, enter the name and physical location of the Processing Facility
If a Stationary Floating Processor, enter the name, Alaska Department of Fish & Game (ADF&G) vessel registration number, and the USCG documentation number of the vessel.
If a Catcher/processor, enter the name, ADF&G vessel registration number, and the USCG documentation number of the vessel

BLOCK D – INDIVIDUAL RESPONSIBLE FOR SUBMITTAL OF ECONOMIC DATA REPORT (EDR)

All Registered Crab Receivers are responsible for submission of an EDR. Each RCR must identify an individual who will be responsible for submission of this EDR on behalf of the RCR.

The EDR will be sent to the individual identified on this application form. If the responsible individual changes during the crab fishing year, the RCR must submit an amended application naming a new responsible individual.

1. Provide the name of the person responsible for sending an EDR.
2. Provide the permanent business mailing address.
3. Enter business telephone number
4. Enter business fax number
5. Enter business e-mail address

BLOCK E – 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.

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 issue a Registered Crab Receiver Permit. 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 of a Registered Crab Receiver Permit