

<p><b>QUOTA SHARE (QS) HOLDER: IDENTIFICATION OF OWNERSHIP INTEREST</b></p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) 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 / <a href="mailto:RAM.Alaska@noaa.gov">RAM.Alaska@noaa.gov</a> email</p>
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**BLOCK A — IDENTIFICATION OF QUOTA SHARE HOLDER**

1. Name of QS holder: \_\_\_\_\_ NMFS ID # \_\_\_\_\_

2. Is this business a publicly held corporation? [ ] YES [ ] NO  
**If YES, proceed to Block C.**

3. Is this a corporation, association, partnership, or other non-individual entity? [ ] YES [ ] NO  
**If YES, is this entity still active?** [ ] YES [ ] NO

4. Is this an estate that has been probated? [ ] YES [ ] NO  
**If YES, on what date was probate finalized:** \_\_\_\_\_

**BLOCK B — IDENTIFICATION OF MEMBERS  
SHAREHOLDERS, PARTNERS, JOINT VENTURERS, SUCCESSORS-IN-INTEREST**

**NOTE: If the ownership is a corporation or partnership, the individual owners must be listed and their percentage of interest those individuals hold must also be listed.**

1. Name of Owner(s)	2. % Interest Held

3. Indicate whether the ownership percentages represent the addition of any new owners since QS initially was issued.  
[ ] YES [ ] NO

<b>TOTAL OWNERSHIP:</b>	<b>100 %</b>
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**BLOCK C — CERTIFICATION**

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

1. Signature	2. Date
3. Printed Name	4. Title, if Authorized Representative

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This form is used by an entity that holds quota share under the IFQ Program to submit information on their ownership interest. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801, *et seq.*); 3) Some information collected on this application form is made available to the public on the NMFS, Alaska Region, webpage ([www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)). Other information is confidential under section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The collection of this information is authorized by the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801 *et seq.*

**PURPOSE:** NMFS uses the information provided on this application to determine compliance with Individual Fishing Quota (IFQ) requirements including to 1) determine if persons who hold QS have exceeded their allowable use limits under the “individually and collectively” language set out in the IFQ regulations at 50 CFR 679.42(e) and (f); 2) determine changes in corporations or partnerships; 3) identify first-time applicants; 4) affirm an entity’s continuing existence; 5) ensure corporations and partnerships are not erroneously issued annual IFQ resulting from the collectively held QS; and 6) determine indirect ownership of vessels for purposes of the hired master provisions of the IFQ Program.

**ROUTINE USES:** Disclosure of this information is 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. NMFS may post some information from this form on its public website ([www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)). In addition, NMFS may share information submitted on this form with other State and Federal agencies or fishery management commissions, including staff of the North Pacific Fishery Management Council and Pacific States Marine Fisheries Commission.

**DISCLOSURE:** Providing this information is voluntary; however, the failure to provide complete and accurate information will prevent the participation in the IFQ Program.

## INSTRUCTIONS

### QS HOLDER: IDENTIFICATION OF OWNERSHIP INTEREST

This form must be submitted by corporations, partnerships, associations, and other non-individual entities that hold quota share (QS) under the Pacific halibut and sablefish Individual Fishing Quota (IFQ) Program (50 CFR part 679). The information requested herein is needed by RAM to determine compliance with IFQ program requirements, including:

◆ **Limitations On Use of QS and IFQ.**

This information is needed to determine if persons who hold QS have exceeded their allowable use limits under the “individually and collectively” language set out in the IFQ regulations at 50 CFR 679.42(e) and (f); and,

◆ **Changes in corporations or partnerships.**

This information is also needed to determine if a corporation or partnership that holds catcher vessel QS has changed (i.e., the addition of a new member).

An entity must notify NMFS of any change within 15 days of its effective date and must then transfer its QS to a qualified individual.

◆ **Identify first-time applicants.**

◆ **Affirm an entity’s continuing existence.**

◆ **Ensure corporations and partnerships are not erroneously issued annual IFQ** resulting from the collectively held QS.

◆ **Indirect ownership of vessels** for purposes of the hired master provisions of the IFQ Program.

### *GENERAL INFORMATION*

Please type or print legibly in ink. Copy and attach additional sheets as necessary. Please sign in ink, and retain a copy for your records.

When completed, submit the original 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**

By fax to:

**(907) 586-7354**

Applications submitted via fax will be accepted only if the faxed copy is legible

By email:

**RAM.Alaska@noaa.gov**

Items will be sent to you by email or first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

**Website:** <https://www.fisheries.noaa.gov/alaska/sustainable-fisheries/restricted-access-management-division>

**Telephone (toll free):** 800-304-4846 (press "2")

**Telephone (in Juneau):** 907-586-7202 (press "2")

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

## ***COMPLETING THE APPLICATION***

### **BLOCK A - IDENTIFICATION OF QS HOLDER**

1. Provide name and NMFS ID number of QS holder.
2. Indicate whether the QS Holder is a publicly held corporation.  
**If YES**, sign the certification in Block C and return the form to RAM.
3. Indicate whether the QS Holder is a corporation, association, partnership, or other non-individual entity.  
**If YES**, indicate whether the entity is still active; **If YES**, go to Block B.  
**If NO**, sign the certification in Block C and return the form to RAM.
4. Indicate whether the QS Holder is an estate that has been probated.

You must answer YES if the non-individual QS Holder is an estate and all estate matters with regard to the disposition of the assets, including QS, have been finalized.

Provide the date the estate was settled.

### **BLOCK B - IDENTIFICATION OF MEMBERS**

1. List the individual owners of entities if ownership consists of separate or additional shareholders, partners, joint venturers, successors-in-interest, associations, corporations, partnerships, or other non-individual entities.
2. Enter the percentage of ownership interest that each constituent member holds; for example, if there are three equal owners, enter "33-1/3" for each. The total interest of all members should equal 100 percent.
3. Indicate whether the ownership percentages represent the addition of any new owners since QS initially was issued. If any of the owners listed were added since QS were issued, you must answer YES.

### **BLOCK C - CERTIFICATION**

Sign and date the application and print your name. **Note:** Authorized representatives must submit proof of authorization from QS owner and state title.