

<h2 style="margin: 0;">NOAA Fisheries, Alaska Region eFISH On-line Services User Authorization Form</h2>	U.S. Dept. of Commerce /NOAA National Marine Fisheries Service (NMFS) Restricted Access Management Program (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 email
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Persons holding accounts administered by NMFS, Alaska Region that need to be accessed through eFISH may use this form to authorize specific individuals to access that information. You must indicate the level of authorization for each listed individual that will have access to your account information. Authorized User designations are described as follows:

- **Basic:** This user may perform functions in eFISH that do not require elevated privileges, such as printing a copy of a permit, accessing account balances, renewing permits, or paying fees. It does not include the authority to transfer cooperative quota or crab individual processing quota (IPQ).
- **Transfers:** This user is authorized to conduct transfers of cooperative quota, CDQ allocations, or crab IPQ in addition to the *Basic* user functions.
- **Administrator:** This user may perform any functions in eFISH that the permit holder is authorized for. Example functions include: renewing permits, submitting fee payments, updating contact information, printing permits, obtaining account balances, and deleting previously authorized users. **Note: In order to conduct transfers on behalf of the account holder, an Administrator level user must also have the transfer level authorization selected.**

User Authorization Request Type:		
<input type="checkbox"/> Add New Authorized User	<input type="checkbox"/> Update Existing Authorized User Access	<input type="checkbox"/> Delete Authorized User Access

BLOCK A - IDENTIFICATION OF eFISH ACCOUNT HOLDER		
1. Name:	2. NMFS Person ID:	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-mail Address:

BLOCK B – IDENTIFICATION OF eFISH AUTHORIZED USERS		
<i>Please be sure that names, addresses and contact information are legible</i>		
First Name:	M.I.	Last Name:
Business Mailing Address:		
Business Contact Phone:	Business e-Mail Address:	
Select Authorization Level Check ALL that apply: <input type="checkbox"/> Basic <input type="checkbox"/> Transfers <input type="checkbox"/> Administrator		

BLOCK B – IDENTIFICATION OF eFISH AUTHORIZED USERS
Please be sure that names, addresses and contact information are legible

First Name:	M.I.	Last Name:	Select Authorization Level Check ALL that apply: <input type="checkbox"/> Basic <input type="checkbox"/> Transfers <input type="checkbox"/> Administrator
Business Mailing Address:			
Business Contact Phone:	Business e-Mail Address:		

BLOCK B – IDENTIFICATION OF eFISH AUTHORIZED USERS (Continued)
Please be sure that names, addresses and contact information are legible

First Name:	M.I.	Last Name:	Select Authorization Level Check ALL that apply: <input type="checkbox"/> Basic <input type="checkbox"/> Transfers <input type="checkbox"/> Administrator
Business Mailing Address:			
Business Contact Phone:	Business e-Mail Address:		

BLOCK B – IDENTIFICATION OF eFISH AUTHORIZED USERS (Continued)
Please be sure that names, addresses and contact information are legible

First Name:	M.I.	Last Name:	Select Authorization Level Check ALL that apply: <input type="checkbox"/> Basic <input type="checkbox"/> Transfers <input type="checkbox"/> Administrator
Business Mailing Address:			
Business Contact Phone:	Business e-Mail Address:		

BLOCK C – SIGNATURE OF eFISH ACCOUNT HOLDER

*If the person listed in Block A is not an **individual**, this form must be signed by a person authorized to grant access to the named entities fisheries information.*

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

Printed Name of Permit Holder or Authorized Representative: Note: If representative, attach authorization	Date:
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Signature of Permit Holder or Authorized Representative:
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INSTRUCTIONS
eFISH On-line Services User Authorization Form

NMFS, Alaska Region, on-line services portal e-FISH provides account holder's (i.e., permit holders, cooperatives, Western Alaska Community Development Quota [CDQ] groups, vessel owners, processors, etc.) with access to a variety of self-service features and is the authorized portal for submission of a variety of required reports and making cost recovery or observer fee payments.

Account Holders may use this form to request NMFS, Alaska Region to allow access to their information by individual or individual(s) identified as authorized users. The individuals identified on this form will be granted only the level of authorization specified by the Account Holder.

GENERAL INFORMATION

Type or print legibly in ink and retain a copy of completed application for your records.

A signed and dated authorization form may be submitted to NMFS by mail, facsimile, delivery, or email. When completed, submit the application:

- ◆ by mail to: **NMFS, Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668**
- ◆ by facsimile to: **(907) 586-7354**
- ◆ by delivery to: **Room 713, Federal Building 709 West 9th Street**
- ◆ or by email to: **RAM.Alaska@noaa.gov**

Additional information is available from NOAA Fisheries, Alaska Region, RAM, as follows:

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

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

e-Mail: RAM.Alaska@noaa.gov

COMPLETING THE APPLICATION

With this form you may add a new authorized eFISH user, update a current authorized user's account access, or delete an eFISH authorized user. Please indicate the eFISH USER Authorization action you are requesting.

- Add New Authorized User
- Update Existing Authorized User Access
- Delete Authorized User Access

BLOCK A – IDENTIFICATION OF eFISH ACCOUNT HOLDER

1. Enter name of eFISH Account Holder (i.e., permit holders, cooperatives, CDQ groups, vessel owners, processors, etc.)
2. NMFS Person ID of the Account Holder. This number can be found on your permit.
- 3–6. Enter Business Mailing Address, Business Telephone Number, Business E-mail, and Business Facsimile of the

Account Holder.

BLOCK B – IDENTIFICATION OF eFISH AUTHORIZED USERS

Enter the First Name, Middle Initial, and Last Name of the eFISH Authorized User.

Enter the Business Telephone and Business E-Mail address of the eFISH Authorized User Select the Authorization Level for the authorized user. **Note:** You must check ALL that apply.

Note: It is extremely important that a **unique, valid e-mail address be provided for each authorized user.** Each authorized user will be sent an e-mail with information on accessing eFISH under this authorization.

BLOCK C – SIGNATURE OF eFISH ACCOUNT HOLDER

The eFISH Account Holder must sign this form. If the person listed in Block A is not an individual, this form must be signed by a person authorized to grant access to the named entities fisheries information.

If completed for by an authorized representative, attach documentation of authority to sign on this person's behalf. If the person in Block A is an individual, the only acceptable form of authorization for an individual to sign on behalf of another individual is a **valid power of attorney.**

PUBLIC REPORTING BURDEN 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 0648-0272. Without this approval, we could not conduct this information collection. Public reporting burden for this collection of information is estimated to average 30 minutes 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. All responses to this information collection are required to obtain benefits under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). This form is used by an eFISH account holder to authorize specific individuals to access that information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 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 collects this information to determine authorized users for an eFISH account. Designation as an authorized user authorizes the individual to access information in an entity's eFISH account.

Routine Uses: The Department will use this information to designate an individual as an authorized user for a specific eFISH account and provide them access to the account. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable State or Regional Marine Fisheries Commissions and International Organizations. Disclosure of this information is also subject to all of the published routine uses as 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 authorize access to an entity's eFISH account. Failure to provide complete and accurate information may prevent an individual from being authorized to access the account.
