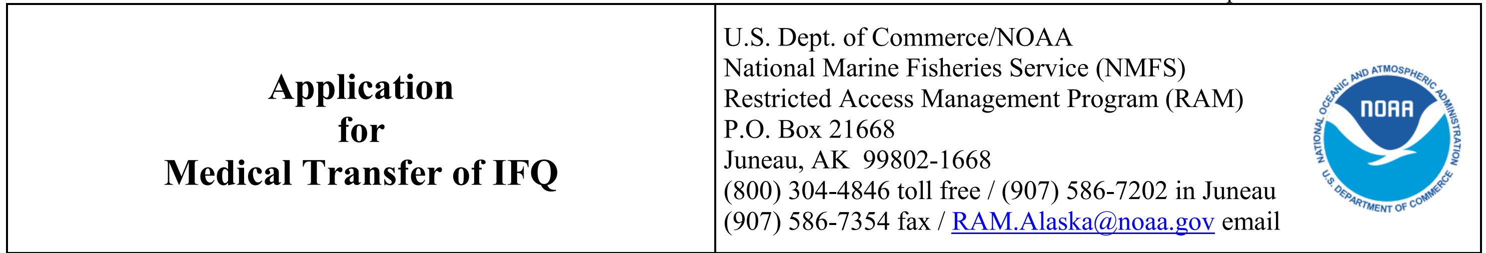

Application for Medical Transfer of IFQ

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

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH EACH APPLICATION. USE THIS CHECKLIST TO ENSURE THAT YOU HAVE INCLUDED ALL REQUIRED DOCUMENTATION:

- ☐ Completed & Signed Application
- ☐ Block F must be completed and signed by a Licensed Health Care Provider. Regulations do not authorize acceptance of a medical declaration from any other medical providers.

A medical transfer remains in effect only for the calendar year of the transfer. A separate complete application must be submitted annually for each medical transfer. NMFS/AKR/RAM will approve three medical transfers for any condition in a 7-year period beginning in 2023.

BLOCK A – TRANSFEROR INFORMATION (MEDICAL CONDITION)		
1. Name *(Last, First, Middle Initial)*:	2. NMFS Person ID:	3. Date of Birth:
4. Business Mailing Address: ☐ Permanent ☐ Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:

BLOCK B – TRANSFEREE (NO MEDICAL CONDITION)		
1. Name*(Last, First, Middle Initial)*:	2. NMFS Person ID:	3. Date of Birth:
4. Business Mailing Address: Indicate whether ☐ Permanent ☐ Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:

BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED ***Use a separate line for each Species, IFQ Area and/or IFQ Permit***				
1. Halibut ☐ Sablefish ☐	2. Fishing Year	3. Transferor IFQ Permit Number	4. IFQ Area	5. IFQ Pounds Transferring
1. Halibut ☐ Sablefish ☐	2. Fishing Year	3. Transferor IFQ Permit Number	4. IFQ Area	5. IFQ Pounds Transferring
1. Halibut ☐ Sablefish ☐	2. Fishing Year	3. Transferor IFQ Permit Number	4. IFQ Area	5. IFQ Pounds Transferring
1. Halibut ☐ Sablefish ☐	2. Fishing Year	3. Transferor IFQ Permit Number	4. IFQ Area	5. IFQ Pounds Transferring

REQUIRED SUPPLEMENTAL INFORMATION
Your application will not be processed unless you provide the following information.

BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION

1. Give the price per pound (including leases)

   $ ___________________/pound of IFQ OR ___________________

   (price divided by IFQ pounds including fees) (other method of compensation)

2. What is the **total amount** being paid for the IFQ in this transaction, including all fees? ______________________

3. Is there a broker being used for this transaction?

   ☐ Yes ☐ No

   If yes, how much is being paid in brokerage fee? $ ___________________ or ___________________ % of total price.

BLOCK E – TRANSFEREE SUPPLEMENTAL INFORMATION

1. What is the primary source of financing for this transfer *(check one)*?

   ☐ Personal resources (cash) ☐ AK Com. Fish & Ag. Bank ☐ Received as a gift

   ☐ Private bank/credit union ☐ Transferor/seller ☐ NMFS loan program

   ☐ Alaska Dept. Of Commerce ☐ Processor/fishing company ☐ Other *(explain)*

   ____

2. How was the IFQ located (*check all that apply*)?

   ☐ Relative ☐ Advertisement/Public Notice ☐ Broker

   ☐ Personal Friend ☐ Other *(explain)*

   ____

3. What is the Transferee's relationship to the IFQ Holder (*check all that apply*)?

   ☐ Unrelated ☐ Relative ☐ Business Partner

   ☐ Friend ☐ Family Member ☐ Other *(explain)*

   ____

BLOCK F – MEDICAL DECLARATION ***(Must be completed by a Health Care Provider)***	
1. Name and Title of Treating Health Care Provider:	2. Business Telephone Number:
3. Permanent Business Mailing Address:	4. Type of Health Care Provider:

5. Brief description of the primary medical condition affecting the applicant or applicant's family member that prevents participation in the fishery for this calendar year.
I acknowledge the requirements for receiving a medical transfer and certify that, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The medical condition described above would prevent the applicant from participating in the IFQ fishery or, in the case of a family member, require continuous care that would preclude the applicant's participation in the IFQ fishery.

6. Signature of Treating Health Care Provider:	7. Date:

NOTE: This application for transfer must be completed and signed by both parties.

Failure to have signatures will result in delays in the processing of this application.

BLOCK G –CERTIFICATION OF TRANSFEROR (MEDICAL CONDITION)	
Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.	
1. Signature of Transferor or Authorized Representative:	2. Date:
3. Printed Name of Transferor or Authorized Representative. *If Representative, **attach** authorization:*	

BLOCK H – CERTIFICATION OF TRANSFEREE (NO MEDICAL CONDITION)	
Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.	
1. Signature of Transferee or Authorized Representative:	2. Date:
3. Printed Name of Transferee or Authorized Representative. *If Representative, **attach** authorization*:	

REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1.5 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 QS holders not eligible to hire a skipper and who (or immediate family member) have a medical condition preventing them from fishing their catcher vessel IFQ to apply to temporarily transfer IFQ. 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 (https://www.fisheries.noaa.gov/region/alaska). 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 transfer IFQ derived from quota share (QS) held by the applicant to an eligible QS holder. The information required by this application is necessary to determine that the applicant has a medical condition that precludes participation in the individual fishing quota (IFQ) fishery for which he or she holds QS.

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 (https://www.fisheries.noaa.gov/region/alaska). 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 NMFS from transferring the IFQ.

INSTRUCTIONS:
Application for Medical Transfer of IFQ

Medical Transfers Remain In Effect only for the Calendar Year of the Transfer

The requirement of 50 CFR part 679.42(c) for an individual fishing quota (IFQ) permit holder to be aboard the vessel during fishing operations and to sign the IFQ landing report *may be waived* as described at 50 CFR part 679.42(d). A medical transfer may be approved if the applicant demonstrates that he or she is unable to participate in the IFQ fishery for which he or she holds IFQ:

- Because of a medical condition that precludes participation; or
- Because of a medical condition involving an immediate family member that requires the quota share (QS) holder's full time attendance.

Eligibility: To be eligible to receive a medical transfer, an individual halibut or sablefish QS holder:

- Must possess one or more catcher vessel IFQ permits.
- Must not be an initial issuee of Pacific halibut or sablefish quota share that qualifies to hire a master under 50 CFR 679.42(i)(1)

NMFS will not approve a medical transfer if the applicant has received a medical transfer in any 3 of the previous 7 years for any medical condition (50 CFR 679.42(d)(2)(iv)(C)).

A separate complete application must be submitted for each medical transfer of IFQ.

Items will be sent by email or first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or corporate account number for express delivery.

If you need assistance in completing this application or need additional information, call Restricted Access Management (RAM) at

(800) 304-4846 (#2) or (907) 586-7202 (#2).

When complete, submit the application:

- By mail to **NMFS Alaska Region**
  Restricted Access Management (RAM)
  P.O. Box 21668
  Juneau, AK 99802-1668
- By delivery to **709 West 9th Street, Room 713 Juneau, AK 99801**
- By email to **RAM.Alaska@noaa.gov**

Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions or provide attachments could result in delays in the processing of your application.

COMPLETING THE APPLICATION

Indicate if the Transferor (medical condition) is an initial recipient of Pacific halibut or sablefish quota share who qualifies for a hired master exception under 50 CFR 679.42(i)(1).

If YES, STOP. The Transferor is not eligible for a medical transfer.

Indicate whether the Transferee (no medical condition) holds a Transfer Eligibility Certificate (TEC).

If NO, STOP. The Transferee is not eligible to receive IFQ by transfer. Only a person that received QS as an Initial Issuee or that holds a TEC is eligible to receive QS/IFQ by transfer.

If NO, the transferee must contact RAM for instructions on eligibility procedures and a TEC application.

BLOCK A – TRANSFEROR (MEDICAL CONDITION)

1. Name: Full name as it appears on the TEC.

2. NMFS Person ID: As it appears on the TEC.

3. Date of Birth: Birth date of the person.

4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
Indicate whether permanent or temporary, if temporary, this is the address the transfer documentation will be sent if other than to the permanent address

5–7. Business Telephone and Fax Numbers: (Include the area codes), and E-mail Address

BLOCK B – TRANSFEREE (NO MEDICAL CONDITION)

1. Name: Full name as it appears on the TEC.

2. NMFS Person ID: As found on the TEC.

3. Date of Birth: Birth date of the person.

4. Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
Indicate whether permanent or temporary, if temporary, this is the address the transfer documentation will be sent if other than to the permanent address

5–7. Business Telephone and Fax Numbers: (Include the area codes), and E-mail Address

BLOCK C – IDENTIFICATION OF IFQ TO BE TRANSFERRED

Note: A separate line must be completed for each Species, IFQ Area and/or IFQ Permit from which you are transferring IFQ.

1. Indicate whether halibut or sablefish IFQ.
2. Fishing Year (must be current year).
3. IFQ Permit Number of Transferor. Must be current year IFQ Permit.
4. IFQ Regulatory Area.
5. Actual number of IFQ Pounds to be transferred from the permit listed in #3.

BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION

1. The price per pound of IFQ, or other method of compensation, must be entered for IFQs that are being transferred under a medical transfer. (To derive the number of dollars per unit of QS or pound of IFQ, divide the total amount paid, including fees, by the number of QS units **or** the number of IFQ pounds being transferred.)

2. The total amount being paid should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.

3. Indicate if a broker is being used for this transaction. If a broker is being used, enter either the dollar amount or percent of total price paid for the brokerage fee.

BLOCK E – TRANSFEREE SUPPLEMENTAL INFORMATION

1. Indicate the primary source of financing for this transfer (check one).
2. Indicate how the IFQ was located (check all that apply).
3. Indicate Buyer's relationship to the IFQ Holder (check all that apply).

BLOCK F -- MEDICAL DECLARATION

Federal regulation require that this medical declaration be completed by a **health care provider** defined at 50 CFR part 679.2. The term "health care provider" for purposes of the medical transfer application refers only to an individual licensed to provide health care services by the state where he or she practices and performs within the scope of their specialty to diagnose and treat medical conditions as defined by applicable Federal, state, or local laws and regulations. A health care provider located outside of the United States and its territories who is licensed to practice medicine by the applicable medical authorities is included in this definition. Certifications from other medical professionals outside of this definition will not be accepted.

1–3. The Health Care Provider who conducted the medical examination must print or type their name, business telephone number, and permanent business mailing address.

4. The Health Care Provider who conducted the medical examination must list the medical category they fall within.

5. The Health Care Provider conducting the medical examination must provide a brief description of the medical condition affecting the applicant or the applicant's family member including verification that the applicant is unable to participate in the IFQ fishery.

6. The Health Care Provider who conducted the medical examination must sign and date the declaration.

BLOCK G - CERTIFICATION OF TRANSFEROR

The transferor must sign and print his or her name and date the application. If completed by a representative, **attach** authorization. If signing on behalf of an individual, a valid power of attorney for that individual must be provided.

BLOCK H - CERTIFICATION OF TRANSFEREE

The transferee must sign and print his or her name and date the application. If completed by a representative, **attach** authorization. If signing on behalf of an individual, a valid power of attorney for that individual must be provided.