OMB Control No. 0648-0575 Expiration Date: 03/31/2024



Revised: 06/12/2020

APPLICATION FOR MILITARY CHARTER HALIBUT PERMIT

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 / 586-7202 in Juneau
(907) 586-7354 fax

BLOCK A – MILITARY INFORMATION			
Enter the branch of the United States Armed Services represented:			
Attach official documentation from the Branch of Service you represent to verify the authority to apply for military charter halibut permits on behalf of a United States Military Morale, Welfare, and Recreation Program (MWR Program).			
BLOCK B – APPLICANT INFORMATION			
1. Applicant's Name:			
2. Business Mailing Address (Street or P.O. Box, City, State, Zip Code):			
3. Business Telephone Number:	4. Business Fax Number:	5. E-mail Address:	
BLOCK C – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST			
List the number of military charter halibut permits you are requesting for each area:			
_	for 2C and	for 3A	

BLOCK D –MWR PROGRAM APPLICANT SIGNATURE			
Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The individual signing this application is required to provide documentation of his/her authority to apply on behalf of the applicant.			
Signature of Applicant:			
Rank in Service of Individual Completing this Application on Behalf of the MWR Program:			
C.S.	tition presented here is true, correlation presented here is true, correlation to apply on behalf the authority to apply on behalf. Rank in Service of Individual		

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 0648-0575. 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, and the Northern Pacific Halibut Act of 1982, 16 U.S.C. 773c.

Purpose: NMFS is collecting this information to manage the Charter Halibut Limited Access Program.

Routine Uses: NMFS will use this information to issue Military Charter Halibut Permits. 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 Military Charter Halibut Permit.

Application Instructions MILITARY CHARTER HALIBUT PERMIT

NMFS will issue a military charter halibut permit without an angler endorsement to an applicant provided that the applicant is a Morale, Welfare, and Recreation Program (MWR Program) of the United States Armed Services. A military charter halibut permit is non-transferable and may be used only in the regulatory area (2C or 3A) designated on the permit.

GENERAL INFORMATION

Application forms are available from National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, website at https://www.fisheries.noaa.gov/region/alaska.

When completed, submit the application:

By mail to: NMFS Alaska Region

Restricted Access Management (RAM)

P.O. Box 21668

Juneau, AK 99802-1668

Or Fax to: (907) 586-7354 fax

Hand Deliver to: Room 713, Federal Building 709 West 9th Street

Please allow at least **ten working days** for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

If you have questions, please call NMFS, RAM, at 1-800-304-4846 (option 2) or 907-586-7202 (option 2).

COMPLETING THE APPLICATION

BLOCK A – MILITARY INFORMATION

Enter the branch of the United States Armed Services represented.

Attach official documentation from the Branch of Service you represent to verify the authority to apply for the Military Charter Halibut Permits on behalf of a United States Military Morale, Welfare, and Recreation Program.

BLOCK B – APPLICANT INFORMATION

- 1. Applicant's name (name of the United States Military Morale, Welfare, and Recreation Program)
- 2. Business mailing address (Street or P.O. Box, city, state, zip code)
- 3–5. Business telephone number, business fax number, and business e-mail address

BLOCK C - MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of military charter halibut permits you are requesting for each area, 2C and 3A.

BLOCK D-MWR PROGRAM APPLICANT SIGNATURE

The individual completing this application must print his or her name, provide rank in service, and sign and date this application. This individual must **attach** official documentation from the branch of the United States Armed Services that he or she represents to verify the authority to apply for the military charter halibut permits on behalf of the MWR Program.