

**CHARTER  
HALIBUT  
LIMITED  
ACCESS  
PROGRAM**

**APPLICATION FOR TRANSFER  
(LEASE)  
Between Individual Fishing Quota  
(IFQ) and Guided Angler Fish (GAF)**

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



This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for Areas 2C or 3A. This form should also be used to return unused GAF to the IFQ permit holder from which it was obtained.

- NMFS **will not approve** any transfer between IFQ and GAF before annual IFQ is issued.
- NMFS **will not approve** any transfer between IFQ and GAF one month prior to the close of the commercial IFQ fishing season.
- NMFS **will accept** applications to return GAF to IFQ from August 1 to August 31 only. NMFS will automatically return all unused GAF to the IFQ permit holder on or about 15 calendar days prior to the closing of the commercial halibut fishing season.
- The IFQ permit holder is responsible for all cost recovery fees resulting from GAF harvested as a result of this transfer. Unused GAF will be returned to the IFQ permit holder from which they were obtained; no fees will be assessed for any unused GAF unless it is later harvested by the IFQ permit holder.
- GAF may not be transferred to any other person or for use as GAF by any person other than the one identified on the GAF permit issued as a result of this transfer.

***ATTACHMENTS***

Use this block to determine what information must be included with your transfer. Please check each applicable box below to ensure that your application is complete and can be processed in a timely manner.

- Completed application
- Copy of IFQ permit (s) enclosed
- Valid charter halibut permit (Transferee receiving GAF must have a valid charter halibut permit)
- Power of Attorney (if applicable)

***BLOCK A - IDENTIFICATION OF TRANSFEROR (LESSOR)***

1. Name of Transferor:		2. NMFS Person ID:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address:	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:	

***BLOCK B - IDENTIFICATION OF TRANSFEREE (LESSEE)***

1. Name of Transferee:		2. NMFS Person ID:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address:	
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:	



**BLOCK E -- CERTIFICATION OF TRANSFEROR**

*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 hereon is true, correct, and complete.*

1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: (If authorized representative, attach authorization)	

**BLOCK F -- CERTIFICATION OF TRANSFEREE**

*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 hereon is true, correct, and complete.*

1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: (If authorized representative, attach authorization)	

**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 1.5 hours 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, the Pacific Halibut Catch Sharing Plan, and the Individual Fishing Quota Program.

**Routine Uses:** NMFS will use this information to account for GAF landings. 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 reporting of GAF harvests in accordance with regulations.

**INSTRUCTIONS**  
**APPLICATION FOR TRANSFER (LEASE)**  
**BETWEEN INDIVIDUAL FISHING QUOTA(IFQ) AND GUIDED ANGLER FISH (GAF)**

**GENERAL INFORMATION**

This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for Areas 2C or 3A. This form should also be used to return unused GAF to the IFQ permit holder from which it was obtained.

**NOTE:**

- NMFS will not approve any transfer between IFQ and GAF before annual IFQ is issued.
- NMFS will not approve any transfer between IFQ and GAF one month prior to the close of the commercial IFQ fishing season.
- NMFS will accept applications to return GAF to IFQ from August 1 to August 31 only. NMFS will automatically return all unused GAF to the IFQ permit holder on or about 15 calendar days prior to the closing of the commercial halibut fishing season.

This application may only be used to apply for a transfer of IFQ for the current halibut fishing year. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer is not effective until approved by NMFS.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the IFQ Program, including (as appropriate):

- The transferee requesting GAF must hold a valid charter halibut permit (this includes community charter halibut permit or military charter halibut permit).
- Neither party to the transfer has any outstanding fines, civil penalties, or other payments due and owing, or outstanding permit sanctions.
- A Transfer of IFQ to GAF will not be approved if it would cause the parties to exceed the use limits in 50 CFR 300.65(c)(5)(iv)(H) or 50 CFR 679.42(e) or (f).
- Payment of all outstanding fees to NMFS

**Note: The IFQ permit holder is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. Unused GAF will be returned to the IFQ permit holder from which they were obtained; no fees will be assessed for any unused GAF unless it is harvested by the IFQ permit holder prior to the close of the current fishing year. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC Areas 2C and 3A using annual commercial IFQ values provided annually by IFQ Registered Buyers. This standard value may not be challenged (i.e., actual values may not be substituted).**

**ADDITIONALLY**

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

By mail to: **Alaska Region, NOAA Fisheries (NMFS)  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**

By fax to RAM at: **907-586-7354**

Or by courier to: **NOAA Fisheries  
Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

Items will be sent to you by 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/region/alaska>

**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***

**BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)**

1. Enter the full name of the person who intends to transfer the annual IFQ to another person.
2. Enter transferor’s NMFS Person ID.
3. Enter the transferor’s permanent business mailing address.
4. Enter the transferor’s temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent).
- 5–7. Enter the transferor’s business telephone number, business fax number, and e-mail address.

**BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)**

1. Enter the full name of the person who intends to receive by transfer the annual IFQ.
2. Enter transferor’s NMFS Person ID.
3. Enter the transferor’s permanent business mailing address.

4. Enter the transferor's temporary business mailing address (this is the address, if different from #3, to which the applicant wishes materials to be sent).
- 5-7. Enter the transferor's business telephone number, business fax number, and e-mail address.

### **BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED**

- ◆ Enter the IFQ permit number of the Area 2C or 3A halibut quota share holder.
- ◆ Enter the International Pacific Halibut (IPHC) management area for the IFQ permit.
- ◆ Enter the charter halibut permit number of the transferee requesting guided angler fish (GAF).
- ◆ Enter the GAF permit number, if applicable, for a transfer of GAF back to the IFQ permit holder.
- ◆ Enter the number of GAF requested in this transfer, expressed as number of fish not pounds of fish.

**Note: The number of GAF requested will be deducted from or added to the annual IFQ permit in round weight equivalent pounds. See annual conversation table to determine the number of pounds that will be added or subtracted from the annual IFQ permit. The conversion rate cannot be challenged.**

### **BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Indicate whether this was a gift or other non-monetary transaction.

**If NO**, if this was not a gift or other non-monetary transaction, indicate the total amount you were paid for the IFQ in this transaction, including brokerage fees

2. Indicate the price per pounds of IFQ. This can be derived by dividing the total price by the pounds of IFQ transferred.
3. Indicate whether you used a broker to facilitate this transfer.

**If YES**, indicate the amount you paid in brokerage fees.

### **BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEREE**

Print name, sign, and enter date of signature of both the transferor and transferee. **Note:** if an authorized representative is completing the form, attach full authorization.