

	Application for a Non-profit Corporation to be Designated as a Community Quota Entity (CQE)	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 / 586-7202 in Juneau (907) 586-7354 fax / RAM.alaska@noaa.gov email 
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BLOCK A - IDENTIFICATION OF APPLICANT

1. Name of Non-Profit Organization:		2. Name of Contact Person:	
3. Taxpayer Identification Number:		4. CQE NMFS Person ID:	
5. Permanent Business Mailing Address:			
6. Business Telephone Number:	7. Business Fax Number:	8. E-mail address:	
9. Name of Community Represented by Non-Profit:			
10. Name of Contact Person for Community Governing Body:			

BLOCK B – REQUIRED ATTACHMENTS

Attach the following information to this application. The application will not be processed unless appropriate information and documentation is provided.

- ☐ The applicant's Articles of Incorporation The applicant's Corporate By-laws
- ☐ A list of the applicant's key personnel, including its Board of Directors and Officers
- ☐ The applicant's Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant's line and staff responsibilities and relationships
- ☐ A statement designating the eligible coastal community(ies) that the entity seeks to represent
- ☐ An explanation of how the applicant will manage QS/IFQ on behalf of the community(ies) it seeks to represent
- ☐ A statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ.
- ☐ Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality nor a tribe) that unambiguously designates the applicant as the community's representative and CQE.

In addition to the above attachments, if applying to become an Aleutian Islands CQE, attach

- ☐ Procedures to determine the distribution of IFQ to eligible community residents and non-residents of Adak.
- ☐ Procedures to solicit requests from eligible community residents and non-residents to lease IFQ.
- ☐ Criteria to determine the distribution of IFQ leases among eligible community residents and non-residents and the relative weighting of those criteria.

BLOCK C – SIGNATURE OF APPLICANT

I am a duly authorized representative of the applicant. By my signature below, I declare that I have examined this application in its entirety. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

1. Signature of Applicant (or Authorized Representative):

2. Date:

3. Printed Name of Applicant (or Authorized Representative): If representative, **attach** authorization.

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 0648-0665. Without this approval, we could not conduct this information collection. Public reporting burden for this collection of information is estimated to average 200 hours per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All responses to this information collection are mandatory pursuant to 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 a nonprofit entity to apply to represent an eligible community as a CQE. Send comments regarding this burden 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 by the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801 *et seq.*

Purpose: 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 Act (16 U.S.C. 1801, *et seq.*). NMFS uses the information provided on this application to verify the identity of the applicant and to accurately retrieve confidential records related to Federal permits to determine eligibility of the applicant to be designated as a Community Quota Entity (CQE). Designation as a CQE authorizes the applicant to participate in certain Federal limited access programs on behalf of the eligible communities represented by the CQE. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

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. All information collections by NMFS, Alaska Region, are protected under confidentiality provisions of section 402(b) of the Magnuson-Stevens Act as amended in 2006 (16 U.S.C. 1801, *et seq.*) and under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. NMFS posts some information from this form on its public website (<https://www.fisheries.noaa.gov/region/alaska>). As part of the approval process, NMFS provides a copy of the complete application to the Alaska Department of Commerce, Community, and Economic Development. In addition, NMFS may share information submitted on this application 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 required to obtain benefits. Failure to provide complete and accurate information will prevent NMFS from designating the applicant as a CQE.

**INSTRUCTIONS
APPLICATION FOR A NON-PROFIT CORPORATION
TO BE DESIGNATED AS A
COMMUNITY QUOTA ENTITY (CQE)**

A non-profit organization that intends to represent an eligible community in the acquisition and use of quota share (QS) and individual fishing quota (IFQ) must complete this application for approval. Only those non-profit organizations approved by NMFS will be eligible to purchase QS and/or transfer IFQ on behalf of an eligible community.

Type or print legibly in ink and retain a copy of completed application for your records. **Please allow at least 10 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.

When completed, submit application

by mail to:

**NMFS Alaska Region
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, Alaska 99802-1668**

or deliver to:

**709 West 9th Street, Room 713
Juneau, AK 99801**

or fax to:

907-586-7354

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

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

COMPLETING THE APPLICATION

BLOCK A - IDENTIFICATION OF APPLICANT

1. Provide the name of the non-profit entity seeking to become a CQE
2. Name of the contact person for the non-profit organization applying to become a CQE
- 3–4. If available, enter taxpayer identification number and NMFS person ID of the CQE.
5. Enter permanent business mailing address, including street or P.O. Box, city, state, and zip code
- 6–8. Business telephone number, business fax number, and business e-mail address
9. Enter the name of the eligible community to be represented by the non-profit.

10. List the name of the contact person for Community Governing Body of the community.

BLOCK B - REQUIRED ATTACHMENTS

The non-profit organization applying to become a CQE must provide appropriate information and documentation listed in this section. Failure to provide any of the required documentation will result in a denial of this application. This information is used both to evaluate the ability of the non-profit applicant to represent an eligible community and to ensure the non-profit has the support of the community's government body.

BLOCK C – SIGNATURE OF APPLICANT

1–3. Enter applicant printed name, signature, and date of application. If the application is completed by the Applicant's authorized representative, **attach** proof of authorization. **The application will be considered incomplete without your signature and will not be processed.**