



## Application for Approval as an Entity To Receive Transferable Chinook Salmon PSC Allocation

U.S. Dept. of Commerce/NOAA  
 National Marine Fisheries Service (NMFS)  
 Sustainable Fisheries Division  
 P.O. Box 21668  
 Juneau, AK 99802-1668  
 Fax: 907-586-7131  
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**SUBMIT ONLINE at <https://alaskafisheries.noaa.gov/webapps/efish/login>**

Initial application and contract must be received by **October 1**.

Additions or deletions must be received by **December 1**.

This application is used by an entity representing the catcher/processor sector or the mothership sector to request approval to receive transferable Chinook salmon PSC allocations on behalf of members of the sector. Once approved, an entity is not required to reapply for or renew its status. This application is also used to update contact and other information for the entity and its members.

### REQUIRED AUTHORIZATION CONTRACT ATTACHMENT

An authorization contract containing the following information must be attached:

- ◆ Information that documents that all vessel owners party to the contract agree that the entity, the entity's representative, and the entity's agent for service of process named in this application represent them for purposes of receiving transferable allocations of Chinook salmon Prohibited Species Catch (PSC).
- ◆ A statement that the entity's representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract and are responsible to comply with all applicable requirements of this part. -

### BLOCK A – CONTACT INFORMATION

1. Name of Entity:	2. NMFS Person ID:
3. Name of Entity's Representative:	4. Name of Agent for Service of Process ( <i>if different from representative</i> ):
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
6. Business Telephone Number:	7. Business Fax Number:
8. Business E-mail address:	

## **BLOCK B – VESSEL IDENTIFICATION**

For each AFA permitted vessel that the entity will represent, provide the following information. *Attach additional sheet if necessary.*

### **BLOCK C – AFFIDAVIT**

(Check this box)

*I claim, swear, and affirm that each eligible vessel owner, from whom I received written notification, requesting to join this sector entity has been allowed to join this sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity.*

**BLOCK D – CERTIFICATION**

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

Printed Name of Representative:	Signature of Representative:	Date Signed:
Printed Name of Agent for Service of Process ( <i>if applicable</i> ):	Signature of Agent:	Date Signed:

**Public 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 0648-0393. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 8 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 or maintain benefits and are 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.*) as amended in 2006. 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, NOAA National Marine Fisheries Service, 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 is collecting this information to manage the American Fisheries Act (AFA) Program.

**Routine Uses:** NMFS will use this information to determine eligibility of an entity to receive transferable Chinook salmon prohibited species catch (PSC) allocations on behalf of the members of an AFA sector. 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 a representative of an AFA sector from receiving transferable Chinook salmon PSC allocations on behalf of the members of that sector.



Instructions  
**Application for Approval as an  
ENTITY TO RECEIVE  
TRANSFERABLE CHINOOK SALMON PSC ALLOCATION**

**SUBMIT ONLINE at <https://alaskafisheries.noaa.gov/webapps/efish/login>**

***GENERAL INFORMATION***

Each year, NMFS will allocate to American Fisheries Act (AFA) sectors a portion of the Chinook salmon prohibited species catch (PSC) limit per [50 CFR 679.21\(f\)](#). A representative of an entity representing the catcher/processor sector or the mothership sector may request approval by NMFS to receive transferable Chinook salmon PSC allocations on behalf of the members of the sector.

**Attachment**

An **authorization contract** containing the following information must be **attached** to this application:

- ◆ Information that documents that all vessel owners party to the contract agree that the entity, the entity's representative, and the entity's agent for service of process named in this application represent them for purposes of receiving transferable allocations of Chinook salmon PSC.
- ◆ A statement that the entity's representative and agent for service of process are authorized to act on behalf of the vessel owners party to the contract and are responsible to comply with all applicable requirements of this part. -

Once submitted, the contract attached to this application is valid until amended or revoked by the parties to the contract.

**Deadlines**

- ◆ The initial application and contract must be received by **October 1**.
- ◆ Additions or deletions to the vessel owners party to the contract or the list of vessels represented by the entity must be received by **December 1**.

**Additionally**

Applications are available on the NMFS Alaska Region website at <https://www.fisheries.noaa.gov/permit/alaska-chinook-salmon-bycatch-applications-and-reporting-forms> or by contacting NMFS at (800) 304-4846, Option 2.

If you have any questions, or if you need any assistance in completing the application, please call NMFS Sustainable Fisheries at **907-586-7228**.

Retain a copy of completed application for your records.

Submit online at <https://alaskafisheries.noaa.gov/webapps/efish/login>.

## ***COMPLETING THE APPLICATION***

### **BLOCK A – CONTACT INFORMATION**

1. Name of Entity. Name of the entity requesting transfer.
2. NMFS Person ID. NMFS will assign this number, if necessary.
3. Name of Entity's Representative. Name of representative of entity.
4. Name of Agent for Service of Process, if different from representative.
5. Business Mailing Address. P.O Box number or street, city, state, and zip code. Indicate whether permanent or temporary. If temporary, this is the address to which the transfer documentation should be sent, if different from the permanent address.
- 6–8. Business Telephone Number, including area code; Business Fax Number, including area code; and Business E-mail address.

### **BLOCK B – VESSEL INFORMATION**

For each AFA permitted vessel that the entity will represent, provide the following information.

1. Vessel Name
2. Alaska Department of Fish and Game (ADF&G) Vessel Registration Number of vessel
3. Federal Fisheries Permit (FFP) Number of vessel

### **BLOCK C – AFFIDAVIT**

Check this box to affirm that each eligible vessel owner, from whom the applicant received written notification, requesting to join this sector entity has been allowed to join this sector entity subject to the same terms and conditions that have been agreed on by, and are applicable to, all other parties to the sector entity.

### **BLOCK D – CERTIFICATION**

1. Enter printed name and signature of the Representative, and date signed.
2. Enter printed name and signature of Agent for Service of Process (if different from the Representative), and date signed.