

CDQ

**Groundfish/Halibut CDQ and
Prohibited Species Quota (PSQ)
Transfer Request**

NOAA/NMFS
Sustainable Fisheries Division
P.O. Box 21668
Juneau, AK 99802-1668
Fax: 907-586-7465
Telephone: 907-586-7228



This form should be completed and signed by a representative from each Western Alaska Community Development Quota (CDQ) group proposing to transfer annual amounts of groundfish and halibut CDQ and Prohibited Species Quota (PSQ) except Bering Sea Chinook salmon.

DO NOT USE THIS FORM TO TRANSFER BERING SEA CHINOOK SALMON PROHIBITED SPECIES CATCH (PSC).

BLOCK A – TRANSFERRING CDQ GROUP INFORMATION

1. Group Name or Initials:		2. Group Number:	
3. Business Telephone Number:	4. Business Fax Number:	5. Business e-mail Address (if available):	
6. Representative's Name:		7. Representative's Signature:	

BLOCK B – RECEIVING CDQ GROUP INFORMATION

1. Group Name or Initials:		2. Group Number:	
3. Business Telephone Number:	4. Business Fax Number:	5. Business e-mail Address (if available):	
6. Representative's Name:		7. Representative's Signature:	

BLOCK C – CDQ AMOUNT TRANSFERRED

Species or Species Category	Area	Amount		Species or Species Category	Area	Amount	
		Groundfish (nearest 0.001 mt)	Halibut (lb net weight)			Groundfish (nearest 0.001 mt)	Halibut (lb net weight)

BLOCK D – PSQ AMOUNT TRANSFERRED**NOTE: Do not record Bering Sea Chinook Salmon PSC**

Species or Species Category	Crab Zone	Amount (Number of Animals)	Species or Species Category	Crab Zone	Amount (Number of Animals)

BLOCK E – HALIBUT PSQ TO HALIBUT PSC TRANSFERS

Specify whether the halibut PSQ amount entered above should be converted to halibut PSC (check one):

YES ☐NO ☐**BLOCK F – TRANSFER YEAR**

Specify the year to which this transfer applies:

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

1. Signature

2. Date

3. Printed Name

4. Title if Authorized Representative

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

1. Signature

2. Date

3. Printed Name

4. Title if Authorized Representative

Instructions

**GROUNDFISH/HALIBUT CDQ AND PROHIBITED SPECIES QUOTA (PSQ)
TRANSFER REQUEST**

**DO NOT USE THIS FORM TO TRANSFER BERING SEA CHINOOK SALMON PROHIBITED
SPECIES CATCH (PSC)**

To transfer Bering Sea Chinook Salmon PSC, use the Application for Transfer of Bering Sea Chinook Salmon PSC Allocations.

A Western Alaska Community Development Quota (CDQ) group may request to transfer all or part of its annual groundfish and halibut CDQ or Prohibited Species Quota (PSQ) for Aleutian Islands Chinook salmon, non-Chinook salmon, Pacific Halibut, and Bering Sea crab. Once approved, a CDQ or PSQ transfer is effective for the year for which the transfer is requested. A CDQ group also may convert amounts of halibut PSQ to a small catcher vessel halibut PSC limit for purposes of accounting for halibut bycatch in the CDQ small catcher vessel groundfish fishery.

Certification

Non-electronic submittal – The transferor's and transferee's designated representatives must sign and date the application certifying that all information is true, correct, and complete.

Electronic submittal – The transferor's and transferee's designated representatives must log into the system and create a transfer request as indicated on the computer screen. By using the transferor's NMFS ID, password, and Transfer Key and submitting the transfer request, the designated representative certifies that all information is true and correct.

Type or print legibly in ink; retain a copy of completed application for your records.

NMFS will review the transferor's catch account during a transfer request to ensure sufficient CDQ or PSQ is available to transfer. NMFS will notify the transferor and transferee when the application is received and approved. A transfer of CDQ or PSQ is not effective until approved by NMFS.

When complete, submit

Online:

eFISH

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

Mail:

**NMFS Alaska Region
Sustainable Fisheries Division
P.O. Box 21668
Juneau, AK 99802-1668**

Or fax:

907-586-7465

If you need additional information regarding transfers of groundfish and halibut CDQ and PSQ, or converting halibut PSQ to halibut PSC, contact Sustainable Fisheries Division at 907-586-7228.

COMPLETING THE APPLICATION

Enter the following information for each transfer.

BLOCK A – TRANSFERRING CDQ GROUP INFORMATION

1. Group name or initials of transferring CDQ group
2. CDQ group number
- 3–5. Business telephone number, business fax number, and business e-mail address
- 6–7. Printed name and signature of transferring CDQ representative

BLOCK B – RECEIVING CDQ GROUP INFORMATION

1. Name or initials of receiving CDQ group
2. CDQ group number
- 3–5. Business telephone number, business fax number, and business e-mail address
- 6–7. Printed name and signature of receiving CDQ representative

BLOCK C – CDQ AMOUNT TRANSFERRED

1. Species or Species Category. For each species for which a transfer is being requested, enter the species name or species category.
2. Area. Enter the particular management area associated with a species category, such as Eastern Aleutian Islands (EAI), if applicable.
3. Amount. Specify the amount being transferred.
For groundfish, specify transfer amounts to the nearest 0.001 metric tons.
For halibut CDQ, specify the amount in pounds (net weight).

BLOCK D – PSQ AMOUNT TRANSFERRED

1. Species or Species Category. For each PSQ species for which a transfer is being requested, enter the species name or species category.
2. Crab Zone. For crab only, designate the appropriate zone for each PSQ being transferred (e.g. Zone 2), if applicable.
3. Amount. Specify the amount of crab and salmon being transferred; specify transfer amounts in numbers of animals. For halibut PSQ, specify the amount in metric tons.

BLOCK F – HALIBUT PSQ TO HALIBUT PSC CONVERSION

Specify whether this is a request to convert halibut PSQ to halibut PSC.

BLOCK F – TRANSFER YEAR

Specify which year's CDQ or PSQ is requested to be transferred.

BLOCK G – CERTIFICATION OF TRANSFEROR

Printed name and signature of Transferor's authorized representative and date signed

Attach authorization.

BLOCK H – CERTIFICATION OF TRANSFeree

Printed name and signature of Transferee's authorized representative and date signed

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 0648-0269. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to average 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 or retain benefits and are required to manage the commercial fishing effort of the CDQ program in the Bering Sea and Aleutian Islands management area 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. The purpose of this form is to provide NMFS with the necessary information to transfer the CDQ or PSQ from one CDQ group's account to another. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, to NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, 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 Western Alaska Community Development Quota (CDQ) Program. NMFS will use this information to identify the transferring and receiving entities and determine whether to transfer groundfish and halibut CDQ or prohibited species quota (PSQ) from the transferor to the transferee.

Routine Uses: This information is not provided to the public. 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 CDQ group from transferring or receiving groundfish CDQ or PSQ.
