



**APPLICATION FOR
TRANSFER OF QS/IFQ BY
SELF SWEEP-UP**

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 - INSTRUCTIONS	BLOCK B - SWEEP UP LIMITS
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<p>To complete a "Self Sweep-Up" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form. In the space provided, identify yourself and the blocks of Quota Share (QS) you wish to combine; sign and date the application in the presence of a Notary Public; attach both original QS certificates; and submit all to RAM at the address above. NOTE: To be combined, QS must be in the same Vessel Category, and the resulting block size must not exceed the Sweep Up Limits (see block B).</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Halibut</th> <th style="width:25%;">Quota Share</th> <th style="width:15%;">Sablefish</th> <th style="width:25%;">Quota Share</th> </tr> </thead> <tbody> <tr> <td><u>Area</u></td> <td><u>Units</u></td> <td><u>Area</u></td> <td><u>Units</u></td> </tr> <tr> <td>2C</td> <td>33,320</td> <td>SE</td> <td>33,270</td> </tr> <tr> <td>3A</td> <td>46,520</td> <td>WY</td> <td>43,390</td> </tr> <tr> <td>3B</td> <td>44,193</td> <td>CG</td> <td>46,055</td> </tr> <tr> <td>4A</td> <td>22,947</td> <td>WG</td> <td>48,410</td> </tr> <tr> <td>4B</td> <td>15,087</td> <td>AI</td> <td>99,210</td> </tr> <tr> <td>4C</td> <td>30,930</td> <td>BS</td> <td>91,275</td> </tr> <tr> <td>4D</td> <td>26,082</td> <td></td> <td></td> </tr> </tbody> </table>	Halibut	Quota Share	Sablefish	Quota Share	<u>Area</u>	<u>Units</u>	<u>Area</u>	<u>Units</u>	2C	33,320	SE	33,270	3A	46,520	WY	43,390	3B	44,193	CG	46,055	4A	22,947	WG	48,410	4B	15,087	AI	99,210	4C	30,930	BS	91,275	4D	26,082		
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BLOCK C - APPLICANT INFORMATION
(Type or Print legibly)

1. Name(full name):	2. NMFS Person ID:	
3. Business Mailing Address: [] Permanent [] Temporary	4. Tax ID No.* (Employer ID No. or SSN):	
	5. Date of Birth or Date of Incorporation:	
6. Business Telephone No.:	8. Business Fax No.:	8. E-mail address (if available)

BLOCK D - FIRST QUOTA SHARE BLOCK

1. Halibut [] or Sablefish []		2. IFQ Regulatory Area:	
3. Vessel Category:	4. Number of QS Units to be Swept up:		
5. Numbered From:	6. Numbered To:		

BLOCK E - SECOND QUOTA SHARE BLOCK

1. Halibut [] or Sablefish []		2. IFQ Regulatory Area:	
3. Vessel Category:	4. Number of QS Units to be Swept up:		
5. Numbered From:	6. Numbered To:		

BLOCK F - CERTIFICATION OF NOTARY AND 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, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of QS holder or Authorized Agent:	2. Date:
3. Printed Name of QS Holder or Authorized Agent: Note: If this is completed by an agent, attach authorization:	
4. Notary Public (Signature): ATTEST	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

If you need additional information, call RAM at (800) 304-4846 (#2) or (907) 586-7202 (#2). Please mail completed application to:

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

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.

Note: RAM will not process faxed applications.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99801.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) 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.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act **as amended in 2006**. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.
