
	<p>APPLICATION FOR TRANSFER OF QS/IFQ</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>	
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**NOTE: A separate application must be submitted for each Quota Share (QS) or IFQ Transfer.
If you want to do a self sweep-up, please use the self sweep-up form.**

BLOCK A

Does the Transferee (Buyer) hold a Transfer Eligibility Certificate (TEC)? Yes [] No []

BLOCK B

USE THIS LIST TO ENSURE YOUR APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NOTE: FAXED APPLICATIONS ARE NOT ACCEPTABLE. PLEASE SUBMIT ORIGINALS.

- Completed, signed, and notarized application []
- Copy of signed & notarized sales or gift agreement []
- QS/IFQ Transfer: **Seller's original** QS Certificate []
- Documentation for Authorized Agent (if applicable) []
- Sweep Up Transfer: **Buyer's and seller's original** QS Certificate []
- Transfer of IFQ (Category "A" Shares, Surviving Spouse Lease): Copy of permit or QS Certificate..... []

BLOCK C - TRANSFEROR (SELLER)

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN (required) or Tax ID:	
5. Permanent Business Mailing Address:		6. Temporary Business Mailing Address (see instructions):	
7. Home Phone:	8. Business Phone:	9. Fax:	

BLOCK D - TRANSFEREE (BUYER)

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN (required) or Tax ID:	
5. Permanent Business Mailing Address:		6. Temporary Business Mailing Address (see instructions):	
7. Home Phone:	8. Business Phone:	9. Fax:	

BLOCK E - QUESTIONS FOR TRANSFEREE (BUYER)

1. Do you request that this QS be included in a **sweep up**, if possible? Yes [] No []
2. If **yes**, list the identifier on the QS Certificate into which this new piece should be combined (Example H-2C-B-B-123,456,789 through H-2C-B-B-123,458,789):
- _____

Reminder: For Sweep Up, attach **both the buyer's and seller's original QS Certificates to this application.**

3. If this is Catcher Vessel CDQ Compensation QS and the vessel category has never been declared, check the one Catcher Vessel Category in which you would like to have your QS issued.

Length Overall: 0' to 35' or 36' to 60' or greater than 60'
Vessel Category: **D** [] **C** [] **B** []

BLOCK F - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED

Complete Block F if QS and IFQ are to be transferred together or if you want to transfer QS only.

- | | |
|---------------------------------|-------------------------|
| 1. Halibut [] or Sablefish [] | 2. IFQ Regulatory Area: |
|---------------------------------|-------------------------|

- | | | |
|---------------------|--|---|
| 3. Vessel Category: | 4. Number of QS Units to be Transferred: | 5. Transferor (Seller) IFQ Permit Number: |
|---------------------|--|---|

6. Numbered To and From (Serial Numbers are shown on the QS Certificate):
- _____

7. Do you want all remaining pounds for the current fishing year transferred? Yes [] No []
- If **no**, specify the number of pounds to be transferred:

-Pounds transferred includes a pro-rata share of any overage based on the QS units held or transferred and is non-negotiable.
-Pounds transferred includes a pro-rata share of any underage based on the QS held or transferred UNLESS OTHERWISE INSTRUCTED

BLOCK G - TRANSFER OF IFQ ONLY

Complete this Block if you want to Transfer IFQ Only (Applies only to Category "A" & Surviving Spouse IFQ)

- | | | |
|---------------------------------|-------------------------|---------------------|
| 1. Halibut [] or Sablefish [] | 2. IFQ Regulatory Area: | 3. Number of Units: |
|---------------------------------|-------------------------|---------------------|

4. Numbered To and From (Serial Numbers are shown on the QS Certificate):
- _____

- | | |
|---------------------------------|---|
| 5. Actual Number of IFQ Pounds: | 6. Transferor (Seller) IFQ Permit Number: |
|---------------------------------|---|

7. Fishing Year: 20_____

REQUIRED SUPPLEMENTAL INFORMATION
YOUR APPLICATION WILL NOT BE PROCESSED UNLESS YOU PROVIDE THE FOLLOWING INFORMATION

BLOCK H - TO BE COMPLETED BY THE TRANSFEROR

1. Give the price per pound (including leases) \$ _____ / #IFQ (Price divided by IFQ pounds) Including fees
Give the price per unit of QS \$ _____ /Unit of QS (Price divided by QS Units)

2. What is the **total amount** being paid for the QS/IFQ in this transaction, including all fees? _____

3. What are your reasons for transferring the QS/IFQ? (check all that apply)

- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| Retirement from fisheries | <input type="checkbox"/> | Shares too small to fish | <input type="checkbox"/> | Consolidation of shares | <input type="checkbox"/> |
| Pursue non-fishing activities | <input type="checkbox"/> | Trading shares | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |
| Health problems | <input type="checkbox"/> | Enter other fisheries | <input type="checkbox"/> | | |

4. Is there a broker being used for this transaction? Yes No

If **yes**, how much is being paid in brokerage fees? \$ _____ or _____ % of total price.

BLOCK I - TO BE COMPLETED BY THE TRANSFEREE

1. Will the QS/IFQ being purchased have a lien attached? Yes No

If **yes**, name of lien holder _____

2. What is the primary source of financing for this transfer (check one)?

- | | | | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|--------------------|--------------------------|
| Personal resources (cash) | <input type="checkbox"/> | AK Com. Fish & Ag. Bank | <input type="checkbox"/> | Received as a gift | <input type="checkbox"/> |
| Private bank/credit union | <input type="checkbox"/> | Transferor/seller | <input type="checkbox"/> | NMFS loan program | <input type="checkbox"/> |
| Alaska Dept. Of Commerce | <input type="checkbox"/> | Processor/fishing company | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |

3. How was the QS/IFQ located (check all that apply)?

- | | | | | | |
|-----------------|--------------------------|-----------------------------|--------------------------|--------|--------------------------|
| Relative | <input type="checkbox"/> | Advertisement/public notice | <input type="checkbox"/> | Broker | <input type="checkbox"/> |
| Personal friend | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> | | |

4. What is the Buyer's relationship to the QS/IFQ Holder (check all that apply)?

- | | | | | | | | |
|-----------------|--------------------------|---------------|--------------------------|------------------|--------------------------|--------|--------------------------|
| Unrelated | <input type="checkbox"/> | Family member | <input type="checkbox"/> | Business partner | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Other (explain) | <input type="checkbox"/> | | | | | | |

5. Is there an agreement to return the QS or IFQ to the Transferor (seller), or any other person, or a condition placed on resale? Yes No

If **yes**, please explain:

NOTE: This application for transfer must be completed, signed, and notarized by both parties. Failure to have signatures properly notarized will result in delays in the processing of this application.

BLOCK J - TRANSFEROR (SELLER)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature of Transferor (Seller) or Authorized Agent:

2. Date:

3. Printed Name Transferor (Seller) or Authorized Agent **Note:** If this is completed by an agent, attach authorization:

4. Notary Public Signature:

ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

BLOCK K - TRANSFEREE (BUYER)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.

1. Signature Transferee (Buyer) or Authorized Agent:

2. Date:

3. Printed Name Transferee (Buyer) or Authorized Agent **Note:** If this is completed by an agent, attach authorization:

4. Notary Public Signature:

ATTEST

5. Affix Notary Stamp or Seal Here:

5. Commission Expires:



INSTRUCTIONS: Application for Transfer of QS/IFQ

**Note: A Separate Application must be submitted for each Quota Share or IFQ Transfer.
If you want to apply for a “self sweep-up,” please use the *Self Sweep-Up Form*.**

The original application must be submitted — an application sent by facsimile will **not** be processed.

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.

If you need assistance in completing this application or need additional information, call Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

When completed, mail or deliver the application to

**NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668
or
709 W 9th Street, Rm. 713
Juneau, Alaska 99801**

Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.

BLOCK A

Any person that received QS/IFQ as an Initial Issuee or that holds a Transfer Eligibility Certificate (TEC) is eligible to receive QS/IFQ by transfer. If you answer "No," the transferee (buyer) will need to contact RAM for instructions on eligibility procedures and a TEC application form.

BLOCK B

Use this list as a guide to make sure you have included all the necessary items in the mailing of your application. This will ensure timely processing of your transfer application. If you have lost your original QS certificate, you will need to complete an Application for Replacement of Certificates, Cards, or Permits.

BLOCKS C & D TRANSFEROR (SELLER) AND TRANSFEREE (BUYER)

1. Name: Full name as it appears on QS Certificate and/or Transfer Eligibility Certificate (TEC).
2. NMFS Person ID: As found on QS Certificate or TEC.
3. Date of Birth: Birth date of the person.
4. SSN or Tax ID:

Privacy Act Statement: *The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.*

5. Permanent Business Mailing Address: Include street or P.O. Box number, city, state, and zip code.
6. Temporary Business Mailing Address: Address you want the transfer documentation sent if somewhere other than to the permanent address. Include street or P.O. Box number, city, state, and zip code.
- 7-9. Home, Business, and Fax Numbers: Include the area codes.

BLOCK E - QUESTIONS FOR TRANSFEREE (BUYER)

1. Indicate if you wish to combine (“sweep up”) the transferred block together with a block you already hold. Blocked QS’s may be swept up into one block if the total amount of QS being combined is less than or equal to the following amounts of QS units per area.

Halibut		Sablefish	
<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		

2. Starting and ending serial numbers to be swept up.
3. If this is a transfer of Catcher Vessel CDQ compensation QS, there is a **one time** opportunity at the time of the first transfer to **permanently** designate the catcher vessel category of the QS being transferred.

BLOCKS F & G

The information requested in lines 1-6 can be found on your QS Certificate. Quota Share can be identified in the following manner: species, regulatory area, vessel category, blocked or unblocked, starting serial number, *through* species, regulatory area, vessel category, blocked or unblocked, and ending serial number. [For example, **H-2C-C-B-123,456 THROUGH H-2C-C-B-789,493**]

BLOCK F - IDENTIFICATION OF QS AND IFQ TO BE TRANSFERRED

This block should only be completed if you are transferring QS and the IFQ resulting from these shares. Persons wishing to transfer IFQ only (Category “A” shares, lease), should fill out Block G.

1. Species: halibut or sablefish.
2. IFQ Regulatory Area.
3. Vessel Category.
4. Number of units to be transferred.
5. Transferor (seller) IFQ permit number.
6. Starting and ending serial number of shares to be transferred.
7. A **specific number of pounds** must be indicated for each transfer. A pro-rata amount of IFQ (**overage pounds**) will be debited from any IFQ transferred based on the QS unit held or transferred. The current QS

holder may retain **underage pounds**. However, unless otherwise specified, the underage associated with the QS will be transferred. Please indicate your specific intention.

BLOCK G - TRANSFER OF IFQ ONLY

This box should be completed if IFQ pounds only are being transferred (leased) and the QS will remain with the current holder of those shares. Effective January 2, 1998, only Category "A" or those shares received as a Surviving Spouse under the provisions in 50 CFR 679 may be transferred in this manner.

1. Species: halibut or sablefish.
2. IFQ Regulatory Area.
3. Number of units to be transferred.
4. Starting serial number of shares to be transferred to the ending serial number of shares to be transferred.
5. Specific number of pounds being transferred.
6. Transferor's (seller's) IFQ permit number.
7. The fishing year is the current year or year in which IFQ should be transferred. A transfer of IFQ only cannot be completed until the IFQ has been awarded for that year.

BLOCK H - REQUIRED SUPPLEMENTAL INFORMATION *(Completed by Transferor)*

1. The price per pound of **IFQ/QS must** be entered, including IFQs only ("leased"). (To derive the number of dollars per pound of IFQ or QS units divide the total amount paid, including fees, by the number of IFQ pounds being transferred or the number of QS units being transferred)
2. The total amount entered should include **any and all** monies collected on behalf of the seller for the shares involved, including any fees that will be paid out to other parties for the expenses of brokering or assisting in the sale of these shares.
3. Please check all boxes that apply to this transaction
4. Are you paying a third party to assist with this transaction? If **No**, go to question #2. If **Yes**, put the total price paid to the broker or calculate how much was paid to the third party as a percentage of the total sale price. (The percentage can be derived by using this formula: divide the brokerage fee by the total price paid for the QS/IFQ, then multiply the result by 100.)

BLOCK I - REQUIRED SUPPLEMENTAL INFORMATION *(Completed by Transferee)*

1. Indicate if the QS will be used as collateral. List the name of entity or person(s) who will hold the Security interest lien. This name will appear on the QS Certificate as.
- 2-4. Please check any and all boxes that apply to this transaction.
5. Regulations governing the IFQ program do not permit transfer of QS subject to any conditions of repossession or resale to the transferor except by court order, operation of law, or security agreement.

BLOCKS J & K
CERTIFICATION OF TRANSFEROR, TRANSFEREE, AND NOTARY PUBLIC

1. Sign and print your name and date the application in the presence of a Notary Public. Application forms submitted to RAM must bear the **original signatures** of the parties — **RAM will not process faxed applications.**
2. Representatives signing for a Transferor or Transferee must submit proof of authorization to submit this application on their behalf.
3. A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing the instructions, searching the 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 99802-1668.

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 104(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.”