

<p><b>Application for BSAI Crab</b></p> <p><b>ELIGIBILITY TO RECEIVE</b></p> <p><b>QS/PQS OR IFQ/IPQ BY TRANSFER</b></p>	<p><b>U.S. Department of Commerce</b>  <b>NOAA Fisheries Service, Alaska Region</b>  <b>Restricted Access Management (RAM)</b>  <b>Post Office Box 21668</b>  <b>Juneau, Alaska 99802-1668</b></p> 
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***BLOCK A – PURPOSE OF APPLICATION***

This application is to be used by an applicant seeking authority to receive BSAI Crab Quota [harvesting Quota Share (QS) or Individual Fishing Quota (IFQ) or Processing Quota Share (PQS) or Individual Processing Quota (IPQ)] by transfer. If the applicant received QS or PQS upon initial issuance, or wishes to establish itself as an Eligible Crab Community Organization (ECCO), this application is not necessary. All other persons who wish to receive QS, PQS, IFQ, or IPQ by transfer must complete this application.

1. Indicate type of Quota for which the applicant seeks eligibility:

If seeking eligibility for (indicate type of Quota) . . .      complete Application Blocks . . .

CVO or CPO QS or IFQ [  ]      A, B, D (if applicable), E, and F

CVC or CPC QS or IFQ [  ]      A, B, C, E, and F

PQS or IPQ [  ]      A, B and F

***BLOCK B –APPLICANT INFORMATION***

1. Is the Applicant an individual U.S. Citizen or a U.S. Corporation, Partnership, or other business entity?

YES [  ]    NO [  ]

*Note: Only U.S. Citizens may receive QS/IFQ by transfer; any person may receive PQS/IPQ by transfer.*

2. Name of Applicant:	2. NMFS Person ID:
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3. Business Mailing Address:

3a. Permanent Address:	3b. Temporary Address (if any):
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4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address:
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**BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ**

1. Is the purpose of this application to obtain authority to receive “crew shares” (CVC or CPC or associated IFQ) by transfer?

YES [ ] NO [ ]

If “YES,” the applicant must demonstrate participation in one or more BSAI Crab Rationalization fishery(ies) during the 365 days prior to signing this application form. Such participation may be demonstrated by submitting a signed ADF&G fish ticket imprinted with the applicant’s CFEC permit card, an affidavit indicating date of landing of crab species from the owner of a vessel upon which fishing was done, or a signed receipt for an IFQ crab landing on which the applicant was serving as a hired master for an IFQ permit holder.

**BLOCK D – CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES**

1. Is this application being submitted by, or on behalf of, a CDQ Group?

YES [ ] (If “YES” continue to Block F). NO [ ]

2. Is this application being submitted by, or on behalf of, a Corporation, Partnership, or Other Business Entity?

YES [ ] NO [ ]

If “YES,” at least one individual member/owner of the entity **must document an ownership interest of at least 20%** of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies) Verification of the 150 days of participation can be provided by submitting the individual’s Transfer Eligibility Certificate (TEC) for the North Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) program or for the BSAI Crab Rationalization Program, or by completing Block E of this application. If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries.

Identity of individual business owner with required experience participating in one or more U.S. fishery(ies):

2a. Name of Individual Owner:

2b. NMFS Person ID (if any):

2c. Individual Owner’s Business Mailing Address:

2d. Business Telephone Number:

2e. Business Fax Number:

2f. Business E-Mail address:

3. Is the person identified in 2.a. a U.S. Citizen? [ ] YES [ ] NO

**If No, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.**

The owner listed in “2a” may demonstrate the requisite fishing experience in one of two ways:

a) s/he may present a copy of a Transfer Eligibility Certificate issued by RAM under the North Pacific halibut and sablefish Individual Fishing Quota (IFQ) Program; or,

b) s/he may make a claim for the requisite experience by completing Block E of this Application.

**BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE**  
*(Duplicate this page as necessary to display all relevant commercial fishing experience)*

**Note:** If the individual who completes this Block (*Block E - Commercial Fishing Experience*) is not the Applicant, the individual must co-sign this application in Block F.

1. Species (one per block):	2. Gear Type:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of <b>Actual</b> Days Spent Harvesting Fish:
7. Duties performed while directly involved in the fishing activity (please be <b>specific</b> ):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than Applicant):		13. Reference's Relationship to Applicant:
14. Reference's Business Mailing Address:		15. Reference's Business Telephone Number:

**BLOCK E<sub>1</sub> – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE (Continuation)**

1. Species (one per block):	2. Gear Type:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	6. Number of <b>Actual</b> Days Spent Harvesting Fish:
7. Duties performed while directly involved in the fishing activity (please be <b>specific</b> ):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (person other than Applicant):		13. Reference's Relationship to Applicant:
14. Reference's Business Mailing Address:		15. Reference's Business Telephone Number:

**BLOCK F – CERTIFICATION**

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

Signature of Applicant or Applicant’s Representative:

Date Signed:

Printed Name of Applicant or Applicant’s Representative:

(Note: If this is completed by the Applicant’s Representative, attach authorization)

**BLOCK F<sub>1</sub> – ADDITIONAL CERTIFICATION**

(Required if the individual who completed *Block E and E<sub>1</sub>. Commercial Fishing Experience* is not the Applicant)

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

Signature of Individual who completed Block E:

Date Signed:

Printed Name of Individual who completed Block E:

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA Fisheries Service (NMFS), 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 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(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.

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## **Instructions**

### **ELIGIBILITY TO RECEIVE QS/PQS OR IFQ/IPQ BY TRANSFER**

Except for persons who received crab QS or PQS by initial issuance and Eligible Crab Community Organizations, no person may receive BSAI crab QS/IFQ or PQS/IPQ by transfer unless such person has established eligibility to do so. Eligibility is established by complying with all regulatory requirements. A successful applicant will receive a letter of acknowledgment of that fact. The acknowledgment will not expire. However, a transfer of CVC or CPC QS or IFQ will not be approved unless the intended recipient of the QS or IFQ demonstrates recent participation in BSAI crab fisheries within the 365 days prior to the date the transfer application was submitted.

#### **Block A – Type of QS or PQS for which Applicant is Seeking Eligibility to Receive by Transfer**

Indicate the type(s) of QS or PQS (and associated IFQ or IPQ) for which the applicant is seeking eligibility to receive by transfer.

#### **Block B – Applicant Information**

1. Indicate whether the Applicant is a U.S. Citizen (Note that only U.S. Citizens qualify to receive QS/IFQ by transfer).
2. Enter the name of the applicant.
3. Enter the Applicant's NMFS Person ID (if available).
4. Enter the Applicant's Business Mailing Address, including a temporary address if indicated.
- 5-7. Enter the Applicant's Business Telephone Number, Business Fax Number, and E-Mail Address.

#### **Block C – Eligibility to Receive CVC or CPC QS/IFQ**

1. Indicate whether the purpose of the application is to obtain authority to receive "crew shares" (CVC or CPC QS), or "crew" IFQ by transfer.

If "YES," the applicant must demonstrate participation in one or more BSAI Crab Rationalization fishery(ies) during the 365 days prior to submission of the application form. Such participation may be demonstrated by submitting:

- a. a signed ADF&G fish ticket imprinted with the applicant's CFEC permit card;
- b. an affidavit from the owner of a vessel upon which fishing was done; or,
- c. a signed receipt for an IFQ crab landing on which the applicant was serving as a hired master for an IFQ permit holder.

#### **Block D – Corporations, Partnerships, or Other Business Entities**

1. Indicate whether the application is being submitted by, or on behalf of, a CDQ group.

If YES, continue to Block F.

2. Indicate whether the application is being submitted by, or on behalf of, a Corporation, Partnership, or Other Business entity.

If YES, at least one individual member/owner of the entity must document an ownership interest of at least 20% of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies).

- Documentation of a 20% ownership interest may consist of corporation or partnership articles of incorporation, or completion of the Annual Application for an IFQ/IPQ Permit.
- Verification of such participation can be provided by submitting the individual's Transfer Eligibility Certificate (TEC) for the North Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) program or for the BSAI Crab Rationalization Program, or by completing Block E.

- 2a – 2h. Provide the name, other identifying information, mailing address, business telephone number, fax number, and E-Mail address of the individual owner with the requisite experience participating in one or more U.S. fishery(ies).

### **Block E and E<sub>1</sub> – Individual Commercial Fishing Experience**

1. Enter the species for which fishing was undertaken.
2. Enter the gear type used in the fishing.
3. Enter the location of the fishing (regulatory area or geographic designation (e.g., “Area T” or “Bristol Bay”))
- 4 - 5. Enter the month and year that fishing commenced and concluded.
6. Enter the number of days spent as a member of the harvesting crew.
7. Record the duties performed. Please be specific (e.g., “picked nets,” “set pots,” “washed crab,” etc. and not “deckhand”).
8. Enter the name of the vessel upon which the fishing occurred.
9. Enter the name of the vessel's Alaska Department of Fish and Game (ADF&G vessel registration number or United States Coast Guard (USCG) documentation number.
- 10 - 11. Enter the name(s) of the vessel's owner and operator during the time claimed.
- 12 – 15. Enter the name and contact information for a reference (i.e., a person other than the Applicant who, if contacted by RAM, could verify the Applicant's claim of participation).

Continue through Block E<sub>1</sub> (duplicate the form as necessary) until a minimum of 150 days experience is recorded and claimed.

Note that if the individual who completes Block E is not the Applicant, the individual must sign the application in **Block F<sub>1</sub> - Additional Certification**.

**Block F – Certification**

Enter the printed name and signature of the Applicant, and date signed. If the person signing is not the Applicant, attach authorization.

**Block F<sub>1</sub> – Certification**

If the individual who completed Block E is not the Applicant, the individual who completed Block E must enter the printed name and signature and date signed in Block F<sub>1</sub>.