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| <p style="text-align: center;">Request for Approval of an Eligible Vessel Harvesting Groundfish CDQ</p> <p style="text-align: center;">Community Development Quota Program</p> | <p>National Marine Fisheries Service Sustainable Fisheries Division P.O. Box 21668 Juneau, AK 99802-1668 FAX 907-586-7131 Ph. 907-586-7228</p> |
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Complete this form for each vessel that will be groundfish CDQ fishing and for each vessel equal to or greater than 60 ft (18.3 m) length overall (LOA) that will be halibut CDQ fishing.

CDQ Group
Initials

| Vessel Information | |
|---|-------------------------------|
| Vessel name | Vessel Contact Information |
| | Representative Name |
| Federal Fisheries Permit No. | Mailing address |
| ADF&G Vessel Registration No. | |
| LOA | Telephone No. |
| Gear (check all that will be used to catch CDQ) | e-mail address (if available) |
| <input type="checkbox"/> Trawl <input type="checkbox"/> Hook-and-Line <input type="checkbox"/> Pot <input type="checkbox"/> Jig | |

| Method That Will Be Used To Determine CDQ and PSQ Catch |
|---|
| <p>_____ 1. NMFS standard sources of data:</p> <p style="padding-left: 20px;">_____ a. All vessels, except catcher vessels greater than or equal to 60 ft (18.3 m) LOA using non-trawl gear, or</p> <p style="padding-left: 20px;">_____ b. Catcher vessels greater than or equal to 60 ft (18.3 m) LOA using non-trawl gear:</p> <p style="padding-left: 40px;">_____ Option 1 (Please see instructions) or</p> <p style="padding-left: 40px;">_____ Option 2 (Please see instructions)</p> <p>_____ 2. Alternative method (described in attached proposal).</p> |

| Notice of Submission and Review | |
|--|-------------------------------|
| CDQ Representative | NMFS CDQ Contact Use Only |
| Printed Name | Printed Name |
| Signature | Signature |
| Telephone No. Fax No. | Date Approved |
| Date Submitted | Date Faxed to Group and State |

INSTRUCTIONS

Request for Approval of an Eligible Vessel Harvesting Groundfish CDQ

Community Development Quota Program

All vessels groundfish CDQ fishing and all vessels equal to or greater than 60 ft LOA that are halibut CDQ fishing must be authorized by the CDQ group and approved by NMFS prior to participating in CDQ fisheries. Each CDQ group must submit a request for approval to NMFS for each vessel the group intends to use. A separate application must be submitted for each vessel. Submit a request for approval to: National Marine Fisheries Service (NMFS), Sustainable Fisheries Division.

By mail: P.O. Box 21668, Juneau, AK 99802-1668

By FAX: 907-586-7131

Further information regarding eligible vessels may be found at 50 CFR part 679.5(n)(4), or call 907-586-7228.

General

Enter the initials for the CDQ group in the box at the top of the form.

Vessel Information

Enter the vessel name, Federal fisheries permit number (if applicable), ADF&G vessel registration number, and LOA. Indicate all the gear types that will be used to catch CDQ.

Vessel Contact Information

Enter the name, mailing address, telephone number, and optional e-mail address of a person to contact for information about the vessel.

Method That Will be Used to Determine CDQ and PSQ Catch.

Select either NMFS standard sources of data or Alternative method.

1. If NMFS standard sources is selected, indicate either

- a. all vessels except catcher vessels greater than or equal to 60 ft (18.3 m) LOA using non-trawl gear, or
- b. catcher vessels greater than or equal to 60 ft (18.3 m) LOA using non-trawl gear.

If 1.b. is chosen, indicate either

- Option 1 - all groundfish CDQ will be retained by the vessel. The CDQ catch will be sorted and weighed at a shoreside processing plant, vessel will carry one Level 2 observer during all CDQ fishing, and halibut PSQ catch will be based on observer reports, or
- Option 2 - some groundfish CDQ may be discarded at sea, vessel will carry one Level 2 observer during all CDQ fishing, vessel will have an approved observer sampling station, and all groundfish CDQ/PSQ catch will be based on observer reports.

2. If Alternative method is selected, attach proposal to this application.

Notice of Submission and Review

Enter name, signature, telephone number and fax number of CDQ representative and date form submitted.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing 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 NOAA, National Marine Fisheries Service, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of the 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 the commercial fishing effort of the CDQ program in the BSAI 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 (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.