

<p>Alaska Native Tribal Subsistence Halibut Registration Certificate (SHARC) Application</p>	<p>U.S. Dept of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, Alaska 99802-1668 Fax (907) 586-7354</p>
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Block A
Alaska Native Tribe

<p>1. Name of Alaska Native Tribe (as defined at 50 CRF 300.65(g)(2))</p>	
<p>2. Mailing Address:</p>	<p>3. Telephone number:</p>
	<p>4. E-mail address:</p>

Block B
Tribal Member(s) Information

<p>1. Name of Tribal Member: (First, Middle, Last)</p>	<p>2. Date of Birth:</p>	<p>3. Telephone Number:</p>
<p>4. Mailing Address: (Street, City, State, Zip Code)</p>	<p>5. Community of Residence:</p>	
	<p>6. Social Security Number (voluntary)</p>	
<p>Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal</p>		
<p>If a Renewal, enter SHARC number</p>		

Privacy Act Statement: Federal regulations at 50 CFR part 300.60 through 300.66 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Pacific halibut subsistence registrants. Disclosure of Social Security number (SSN) is voluntary; in the event it is not provided; NMFS will assign a unique code that will identify the records. The SSN and birthdate are confidential under the Privacy Act.

<p>1. Name of Tribal Member: (First, Middle, Last)</p>	<p>2. Date of Birth:</p>	<p>3. Telephone Number:</p>
<p>4. Mailing Address: (Street, City, State, Zip Code)</p>	<p>5. Community of Residence:</p>	
	<p>6. Social Security Number (voluntary)</p>	

Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
If a Renewal, enter SHARC number		
1. Name of Tribal Member: (First, Middle, Last)	2. Date of Birth:	3. Telephone Number:
4. Mailing Address: (Street, City, State, Zip Code)	5. Community of Residence:	
	6. Social Security Number (voluntary)	
Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
If a Renewal, enter SHARC number		
1. Name of Tribal Member: (First, Middle, Last)	2. Date of Birth:	3. Telephone Number
4. Mailing Address: (Street, City, State, Zip Code)	5. Community of Residence:	
	6. Social Security Number (voluntary)	
Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
If a Renewal, enter SHARC number		
1. Name of Tribal Member: (First, Middle, Last)	2. Date of Birth:	3. Telephone Number
4. Mailing Address: (Street, City, State, Zip Code)	5. Community of Residence:	
	6. Social Security Number (voluntary)	
Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
If a Renewal, enter SHARC number		
1. Name of Tribal Member: (First, Middle, Last)	2. Date of Birth:	3. Telephone Number
4. Mailing Address: (Street, City, State, Zip Code)	5. Community of Residence:	
	6. Social Security Number (voluntary)	
Are you applying for a new SHARC or a renewal of an existing SHARC? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
If a Renewal, enter SHARC number		

Block C
Certification of Tribal Official

8. I certify that the person(s) listed on this registration application are members of the above-named "Alaska Native Tribe" as defined at 50 CFR 300.65(f)(2).

Signature of Tribal Official

Date:

9. Print Name of Official:

10. Official's Title:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per Tribal Member listed, 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 Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668, Attn: Lori Durall.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to monitor the Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage the subsistence halibut program in Alaska; 4) Submission of this information is required of all persons seeking to participate in fishing for Pacific halibut under the subsistence halibut program; 5) Except for the social security number, which is voluntary, this information is mandatory and is required to monitor the subsistence halibut program under the Northern Pacific Halibut Act of 1982; 6) The SSN and birthdate are confidential under the Privacy Act.

**Instructions
for Completing the
ALASKA NATIVE TRIBAL
SUBSISTENCE HALIBUT REGISTRATION CERTIFICATE (SHARC)
APPLICATION**

Program Information

The Halibut Subsistence Fishery is authorized by Federal regulations at 50 CFR Part 300 and provides for eligible persons to conduct subsistence halibut fishing in Convention waters off Alaska.

Subsistence halibut means halibut caught by a rural resident or a member of an Alaska Native tribe for direct personal or family consumption as food, sharing for personal or family consumption as food, or for customary trade.

Eligible persons are:

(1) residents of rural places. **Rural Resident** means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a person domiciled in a rural community, as listed in 50 CFR part 300.65(g)(1) (reprinted as Attachment 1 to this form), who has maintained a domicile in a rural community for 12 consecutive months immediately preceding the time when the assertion of residence is made and who is not claiming residency in another state, territory, or country.

(2) all identified members of federally recognized Alaska Native tribes. **Alaska Native Tribe** means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2) (reprinted as Attachment 2 to this form).

For each Tribal Member:

1. Enter full name (First, Middle, Last). Please include any suffixes such as Jr., Sr., etc
2. Enter date of birth (Month/Day/Year). The birthdate is confidential under the Privacy Act.
2. Enter the **permanent** mailing address, including P.O. Box, street, state, and zip code. The SHARC will be sent to this address.
3. Enter the Community of Residence (city and state).

Social Security Number (voluntary). **Privacy Act Statement:** Federal regulations at 50 CFR part 300 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Pacific halibut subsistence registrants. Disclosure of Social Security Number is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records. The SSN is confidential under the Privacy Act.

4. Enter a daytime telephone number, including area code.
6. Check whether you are applying for a new SHARC or a renewal of an existing SHARC. If a Renewal, enter SHARC number.

BLOCK C – Certification of Tribal Official

Sign and date the application, print your name and official title. The official who is applying on behalf of tribal members of the Alaska Native tribe listed in the application must sign and date the application certifying the eligibility of each tribal member listed in the application.

The application will be considered incomplete without your signature and will not be processed.

Mail completed application to:

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

Or deliver the completed application to:

**Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

If you have questions when completing the application, please

- o call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2),
- o check our web site at www.fakr.noaa.gov/ram, or
- o e-mail your questions to RAM.Alaska@noaa.gov

Special Handling of Certificates

Please allow at least 10 days for processing your SHARC application. You may FAX the application to us at (907) 586-7354, to expedite processing, or use the alternative methods mentioned below.

If you would like to have the SHARC sent by a method other than regular mail, please attach a note indicating a method, and follow the appropriate procedure below.

Express Mail. If you would like to have the SHARC sent by U.S. Postal Express Mail, send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope. **NOTE:** If the express mail envelope you send is too small or the postage attached is less than the amount required, your SHARC will be sent by regular U.S. mail.

Other Express Carriers. If you would like to have the SHARC sent by a private express carrier, e.g., Federal Express, UPS, DHL, etc., submit your account number and name of carrier or a prepaid envelope with the permit application.