


<p><b>Application for BSAI Crab</b></p> <p><b>HIRED MASTER (SKIPPER) PERMIT</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> 
---	--

This application is to be submitted by IFQ permit holders, including cooperatives, to authorize an IFQ Hired Master (Hired Skipper) under the BSAI Crab Rationalization regulations. It may also be used to delete such authorization. Although more than one Hired Skipper may be authorized using this form, a separate form must be submitted for each vessel upon which the applicant's IFQ permit(s) is to be fished by the hired skipper(s). Note that for a crab harvesting cooperative, an application for a Hired Skipper permit must be submitted by the cooperative's Authorized Representative (designated agent), as set out on the cooperative's IFQ application.

<b>BLOCK A – PURPOSE OF APPLICATION</b>	
	Permit(s) numbers for which this authorization applies:
Add Authorized Hired Skipper: [ ]	_____
Delete Authorized Hired Skipper: [ ]	_____
	_____

<b>BLOCK B – IFQ PERMIT HOLDER (APPLICANT) INFORMATION</b>		
1. Name of IFQ Permit Holder:	2. NMFS Person ID:	
3. Name of Cooperative, if applicable:	4. Cooperative's NMFS ID:	
5. Name of Cooperative's Authorized Representative (Print):		
6. Business Mailing Address: Permanent [ ] Temporary [ ]		
7. Business Telephone Number:	8. Business Facsimile Number:	9. Business E-Mail Address:

<b>BLOCK C – VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED</b>		
1. Vessel Name:	2. ADF&G Number:	3. USCG Official Number:
4. Does the Crab IFQ Permit Holder hold an ownership interest of at least 10% in the named vessel?		
YES [ ] NO [ ]		

5. If the Crab IFQ Permit Holder is a Crab Harvesting Cooperative, does a member of the Cooperative hold an ownership interest of at least 10% in the named vessel?

YES [ ] NO [ ]

5a. Name of Cooperative member holding an ownership interest of at least 10% in the named vessel (Print): \_\_\_\_\_

Notes: If the answer to Question 4 (or Question 5, if the applicant is a cooperative) is “NO” the applicant is not eligible to hire a skipper (master) to harvest the crab authorized by the permit, and this application will be denied.

If the answer to Question 4 is “YES” the applicant must attach a contemporary USCG *Abstract of Title* or *Certificate of Documentation* that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.

If the answer to Question 5 is “YES” the Cooperative must identify the member holding the vessel ownership interest and attach a contemporary USCG *Abstract of Title* or *Certificate of Documentation* with respect to the named vessel; no other documentation of ownership is acceptable.

**BLOCK D – IDENTIFICATION OF HIRED SKIPPER(s)**

*(Complete a separate block for each Hired Skipper)*

1. Name of Hired Skipper:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address:

1. Name of Hired Skipper:		2. NMFS Person ID:
3. Business Mailing Address: Permanent [ ] Temporary [ ]		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address:

**BLOCK E – APPLICANT SIGNATURE**

*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.*

1. Signature of Applicant:

2. Date:

3. Printed Name of Applicant: (**Note:** If this is completed by an authorized representative, attach authorization.):

---

---

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.35 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 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) 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 mandatory and is required to manage commercial fishing effort in the BSAI under 50 CFR 680, under 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.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

---

---

## Instructions

### APPLICATION FOR CRAB IFQ HIRED MASTER (SKIPPER) PERMIT

## Background Information

This application is to be submitted by IFQ permit holders, including cooperatives, to authorize an IFQ Hired Master (Hired Skipper) under the BSAI Crab Rationalization regulations. It may also be used to delete such authorization. A separate form must be submitted for each vessel upon which the applicant's Individual Fishing Quota (IFQ) permit(s) is to be fished by the hired skipper(s). Note that for a crab harvesting cooperative, an application for a Hired Master permit must be submitted by the cooperative's Authorized Representative (designated agent), as set out on the cooperative's IFQ application. Hired Master Permits may not be issued to harvest IFQ in the Captain/Crew (CVC, CPC) sectors.

Crab IFQ permits issued to non-individual Quota Share (QS) holders may only be legally fished if an individual IFQ Master (Hired Skipper) has been designated to fish such permit. RAM will not automatically provide a permit to the representative or the agent of non-individual QS Holders; therefore, Crab IFQ permit holders who are not individuals must designate a master to harvest their crab annual IFQ.

Note that for a crab harvesting cooperative, an application for a Hired Master permit must be submitted by the cooperative's Authorized Representative (designated agent), as set out on the cooperative's IFQ application.

If a Hired Master is harvesting IFQ, a legible copy of an IFQ Hired Master permit must be on board a vessel used to harvest IFQ crab at all times such crab are retained on board. Further, and except as specified in 50 CFR § 680.42, an individual who is issued a Crab IFQ Hired Master Permit must remain on board the vessel used to harvest IFQ crab during the crab QS fishing trip and at the landing site until all crab harvested under that permit are offloaded and the landing report for such crab has been completed.

Application forms and instructions are available on the NOAA Fisheries Service Alaska Region web site at [www.fakr.noaa.gov/ram](http://www.fakr.noaa.gov/ram). A separate application must be submitted for each vessel upon which the applicant's IFQ permit is to be fished by a hired skipper.

### Additionally:

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Applications may be faxed to RAM at (907) 586-7354; however, permits will **not** be returned by fax. The original, signed permit must be on board the vessel. Please allow at least 10 days for processing your permit. **Do not wait until right before an opening to apply for your permit,** as you may not receive it on time.

Mail or deliver the completed application to:

<u>Mailing Address</u>	<u>Physical location</u>
NOAA Fisheries, Alaska Region (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668	NOAA Fisheries, Alaska Region (NMFS/RAM) Federal Building 709 W. 9 <sup>th</sup> Street, Suite 713 Juneau, Alaska 99801

**BLOCK A – PURPOSE OF APPLICATION**

Indicate whether you are seeking to add an authorized Hired Skipper to fish your IFQ permit, or if you are seeking to delete authority for a Hired Skipper.

Enter the Permit Number(s) for which the authorization applies.

**BLOCK B – PERMIT HOLDER (APPLICANT) INFORMATION**

1 – 3. Enter the permit holder’s name and NMFS Person ID

4 – 6. If the applicant is a crab harvesting cooperative, enter the cooperative’s name, NMFS person ID, and the name of the cooperative’s authorized representative.

7 – 10. Enter the Applicant’s business mailing address (and indicate whether it is permanent address or a temporary address), telephone number, fax number, and e-mail address.

**BLOCK C – VESSEL UPON WHICH CRAB IFQ WILL BE HARVESTED**

1 – 3. Enter the name of the vessel upon which the IFQ will be harvested, the vessel’s ADF&G vessel registration number, and the vessel’s United States Coast Guard (USCG) documentation number.

4. Indicate whether the IFQ permit holder holds an ownership interest of at least 10% in the vessel.

5. If the applicant is a crab harvesting cooperative, indicate whether a member of the cooperative owns a minimum of 10% interest in the identified vessel.

5a. Print the name of the member of the cooperative who holds the required minimum ownership interest.

Notes:

If the answer to Question 4 (or Question 5, if the applicant is a cooperative) is “NO” the applicant is not eligible to hire a skipper (master) to harvest the crab authorized by the permit, and this application will be denied.

If the answer to Question 4 is “YES” the applicant must attach a contemporary USCG *Abstract of Title* or *Certificate of Documentation* that demonstrates that the minimum ownership requirement has been satisfied with respect to the named vessel; no other documentation of ownership is satisfactory.

If the answer to Question 5 is “YES” the applicant must attach a contemporary USCG *Abstract of Title* or *Certificate of Documentation* that demonstrates that the identified cooperative member satisfies the minimum ownership requirement with respect to the named vessel; no other documentation of ownership is satisfactory.

**BLOCK D – IDENTIFICATION OF HIRED SKIPPER(S)**

1 – 4. Enter the Hired Skipper’s name, NMFS Person ID, and Date of Birth.

5 – 8. Enter the Hired Skipper’s business mailing address (and indicate whether it is a permanent address or a temporary address), telephone number, facsimile number, and e-mail address.

**BLOCK E – APPLICANT SIGNATURE**

Enter the printed name and signature of the applicant and date signed.