

	<p>APPLICATION FOR IFQ/CDQ REGISTERED BUYER PERMIT</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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Is this application a renewal? Yes No

Registered Buyer Number (if this is a renewal) _____

BLOCK A - APPLICANT IDENTIFICATION

1. Name of Registered Buyer:	2. SSN (optional), TAX ID, NMFS Person ID or RB ID:
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3. Name of Contact Person:

4. Business Mailing Address: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	5. Physical Location of Facility:
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6. Business Phone:	7. Fax:	8. e-mail:
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BLOCK B - TYPE OF ACTIVITY (Check ALL that apply)

1. Card holder making dockside sales (catcher-seller) or transferring IFQ/CDQ fish outside Alaska (permit holder or vessel operator) ; **or**

2. Person receiving fish from harvester as a (check all that apply):

Buyer-Broker	<input type="checkbox"/>	Catcher/Processor	<input type="checkbox"/>
Retail Operation	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>
Mothership/Stationary Floating Processor	<input type="checkbox"/>	Shoreplant	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	Tender	<input type="checkbox"/>

BLOCK C - PASSWORD

1. Do you currently have a Password to report landings on-line? Yes No

2. **If Yes**, supply password (*must be eight characters long, and will be case sensitive*). _____

BLOCK D - SIGNATURE

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 Applicant or Authorized Agent:	2. Date:
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3. Printed Name of Applicant or Authorized Agent (**Note:** If this is completed by an agent, attach authorization.):

INSTRUCTIONS

Application for IFQ/CDQ Registered Buyer Permit

Use this application to apply for or renew a Registered Buyer permit under federal regulations governing the Individual Fishing Quota (IFQ) Program (50 CFR Part 679).

This permit is required for *each* person who receives IFQ or CDQ fish from the harvester; and for *each* IFQ/CDQ permit holder who harvests IFQ/CDQ fish and then transfers those fish in dockside sales to individuals: for personal consumption, outside of an IFQ regulatory area, or outside the State of Alaska. A Registered Buyer permit is also required for a vessel operator when IFQ/CDQ fish are being transferred outside the State of Alaska.

Each facility (i.e., tender, mothership, shoreplant, etc.) that receives IFQ/CDQ fish in Alaska is required to have its own Registered Buyer permit number.

Note that entities receiving IFQ/CDQ fish at locations outside Alaska do not need these permits and will not be issued them. In such case the vessel operator must be a Registered Buyer.

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed or faxed to:

**NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668
(907) 586-7354**

If you need additional information, contact Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Please allow at least 10 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.

BLOCK A - APPLICANT IDENTIFICATION

1. Name of Registered Buyer - Name of the IFQ/CDQ card holder transferring IFQ/CDQ fish in dockside sales to individuals for personal consumption, outside an IFQ regulatory area, outside the State of Alaska; OR name of vessel operator transferring fish outside the State of Alaska; OR name of person or business receiving IFQ/CDQ halibut or sablefish from harvester within Alaska.

2. SSN, TAX ID, or NMFS Person ID

Privacy Act Statement: Federal regulations (at 50 CFR Part 679) 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 federal commercial fishery permits. Where the requested information is a Social Security Number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

3. Name of Contact Person - Name of a person we may contact regarding this application, such as the business owner, or manager. Business Mailing Address - Including state and zip code. If you check "Permanent Address," we will update the official RAM database. If you choose "Temporary Address," we will use it for this one application and we will not change the RAM database.

5. Physical Location of Facility - If there is no fixed location facility (as with some buyers), or if the activity occurs at multiple locations (as with some motherships), indicate the most frequently used location. Enter the physical location of the facility where the registered buyer operation occurs.

6-8. Business, fax, and e-mail - Include area codes as appropriate.

BLOCK B - TYPE OF ACTIVITY

Select all of the activities that best describe your anticipated Registered Buyer activity.

BLOCK C - PASSWORD

1. Indicate whether or not you have a Password. A Password is required to make on-line IFQ/CDQ halibut and sablefish landings. If Yes, skip to number 3. If No, see number 2.
2. If you do not have a Password and you need one, NMFS will assign one or you can request a customized one. The password you select must be at least eight (8) characters and will be case sensitive. When selecting password choose something that you can easily remember.

BLOCK D - SIGNATURE

- 1-2. Signature of Applicant or Authorized Agent - The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature. **Note:** If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
3. Printed name of the Applicant or Authorized Agent - Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 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, 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 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.
