



Instructions
APPLICATION FOR AMERICAN FISHERIES ACT (AFA)
CATCHER VESSEL INSHORE CO-OP PERMIT



IMPORTANT! This inshore co-op permit application and any amendments that add or delete co-op member vessels **must be received** by National Marine Fisheries Service (NMFS), **Restricted Access Management (RAM)** by **December 1** of the year prior to the year for which the co-op permit will be in effect. **Late applications will NOT be accepted.**

Type or print legibly in ink; retain a copy of completed application for your records. Mail completed forms to:

NMFS Alaska Region, RAM,
P.O. Box 21668,
Juneau, AK 99802-1668.

If you need additional information, call RAM toll free 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 a corporate account number for express delivery.

Fishery cooperative or cooperative means any entity cooperatively managing directed fishing for BSAI pollock and formed under section 1 of the Fisherman's Collective Marketing Act of 1934 (15 U.S.C. 521). In and of itself, a cooperative is not an AFA entity subject to excessive harvest share limitations, unless a single person, corporation or other business entity controls the cooperative and the cooperative has the power to control the fishing activity of its member vessels.

BLOCK A - CO-OP CONTACT INFORMATION

1. Co-op name.
2. Name of Designated Cooperative Representative. Indicate the name of an individual who is designated by the members of a fishery cooperative to fulfill requirements on behalf of the cooperative including, but not limited to, the signing of cooperative fishing permit applications; submitting catcher vessel pollock cooperative catch reports, and submitting annual cooperative fishing reports.
3. Co-op business mailing address, including P.O. box or street, city, state, and zip code.
4. Business telephone number, including area code.
5. Business FAX number, if available.
6. Business e-mail address, if any.

BLOCK B - DESIGNATED COOPERATIVE PROCESSOR INFORMATION

Name and physical location of AFA Inshore Processor who is designated in the cooperative contract as the processor to whom the cooperative has agreed to deliver at least 90 percent of its BSAI pollock catch
 Federal Processor Permit number of the AFA inshore processor.

BLOCK C -- COOPERATIVE CONTRACT INFORMATION

NOTE: This application is not valid and cannot be processed without the submission of a copy of the co-op contract and certification.

1. Indicate YES or NO whether you have attached

A copy of the cooperative contract and

A written certification that:

The contract was signed by the owners of at least 80 percent of the qualified catcher vessels;

The cooperative contract requires that the cooperative deliver at least 90 percent of its BSAI pollock catch to its designated AFA processor; and

Each catcher vessel in the cooperative

is a qualified catcher vessel

is otherwise eligible to fish for groundfish in the BSAI

has an AFA catcher vessel permit with an inshore endorsement

has no permit sanctions or other type of sanctions against it that would prevent it from fishing for groundfish in the BSAI;

A copy of a letter requesting a business review letter on the fishery cooperative from the Department of Justice and any response to such request

BLOCK D - VESSEL INFORMATION

All co-op member vessels must be listed. List complete information for each co-op member catcher vessel (attach additional pages if necessary).

From USCG official documentation, enter:

Complete vessel name.

5-digit ADF&G vessel registration number (example: 51233).

U.S. Coast Guard documentation number (example: 566722).

Enter the AFA permit number.

BLOCK E - CERTIFICATION OF NOTARY AND APPLICANT

Sign, print your name, and date the application in the presence of Notary Public. As a result of this requirement, we will not process applications faxed to us. Representatives acting on behalf of an applicant must submit proof of authorization to submit this application on their behalf.

Signature of the co-op representative

Date this application was signed.

Printed name of the co-op representative.

4-6. Notary Certification.

A Notary Public must Attest and affix Notary Stamp.

Notary Public verification cannot be completed by the person submitting this application.

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 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 Salvesson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, 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 being used to implement the American Fisheries Act; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of all persons seeking to participate in the groundfish fisheries under authority of AFA; 5) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 6) 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.
