


<b>Application to Become                  An Eligible                  Crab Community Organization (ECCO)</b>		U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668		
<b>BLOCK A IDENTIFICATION OF APPLICANT</b>				
1. Name of Non-Profit Organization:		2. NMFS Person ID:		
3. Business Mailing Address: [ ] Permanent [ ] Temporary				
4. Name of Contact Person:	5. Business Telephone No.:	6. Business Fax No.:	7. E-mail Address:	
8. Name of Community Represented by Non-Profit:		9. Name of Contact Person for Community Governing Body		
<b>BLOCK B REQUIRED ATTACHMENTS</b>				
<p><b>The following information must be included as attachments to this application; the application will not be processed unless appropriate information and documentation is provided.</b></p> <p>[ ] The articles of incorporation under the laws of the State of Alaska for that non-profit organization</p> <p>[ ] A statement indicating the ECC(s) represented by that non-profit organization for purposes of holding QS;</p> <p>[ ] The bylaws of the non-profit organization;</p> <p>[ ] A list of key personnel of the management organization including, but not limited to, the board of directors, officers, representatives, and any managers;</p> <p>[ ] Additional contact information of the managing personnel for the non-profit organization and resumes of management personnel</p> <p>[ ] A description of how the non-profit organization is qualified to manage QS on behalf of the ECC it is designated to represent, and a demonstration that the non-profit organization has the management skills and technical expertise to manage QS and IFQ.</p> <p>[ ] A statement describing the procedures that will be used to determine the distribution of IFQ to residents of the ECC represented by that non-profit organization, including:                  Procedures used to solicit requests from residents to lease IFQ;                  Criteria used to determine the distribution of IFQ leases among qualified community residents; and                  The relative weighting of those criteria.</p>				

**BLOCK C B APPLICANT CERTIFICATION**

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

2. Date:

3. Printed Name of Applicant (if authorized representative, attach proof of authorization to this application):

4. **ATTEST** (Signature of Notary Public):

6. Affix Notary Stamp or Seal Here:

5. Commission Expires:

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2.5 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 this 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 680, under section 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 104(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p>Instructions APPLICATION TO BECOME AN ECCO</p>
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Prior to initially receiving quota share (QS) or individual fishing quota (IFQ) by transfer on behalf of a specific Eligible Crab Community (ECC), a non-profit organization that intends to represent that ECC as an Eligible Crab Community Organization (ECCO) must submit an Application to Become an ECCO and have that application approved by the Regional Administrator. This application is required to establish a person's eligibility to receive QS, processor quota share (PQS), IFQ, or individual processor quota (IPQ) by transfer, if the person is an ECCO.

**BLOCK A - IDENTIFICATION OF APPLICANT**

1. Name and NMFS Person ID of the non-profit organization.
2. Permanent (and temporary, if applicable) business mailing address of the Non-profit organization.
3. Name, telephone number, fax number, and e-mail address (if available) for non-profit organization's designated representative.
4. Name of community(ies) represented by non-profit.
5. Name of contact person for the governing body of each community represented.

**BLOCK B REQUIRED ATTACHMENTS**

In order to file a complete application, attach the documents listed on application.