

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Diana Hynek  
Departmental Paperwork Clearance Officer  
Office of the Chief Information Officer  
14th and Constitution Ave. NW.  
Room 6625  
Washington, DC 20230

02/28/2005

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a new information collection received on 02/11/2005.

TITLE: Crab Individual Fishing Quotas in the BSAI

AGENCY FORM NUMBER(S): None

ACTION : APPROVED WITHOUT CHANGE

OMB NO.: 0648-0517

EXPIRATION DATE: 02/29/2008

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	0	0	0
New	877	421	5
Difference	877	421	5
Program Change		421	5
Adjustment		0	0

TERMS OF CLEARANCE:

This approval is associated with the final rule published under RIN 0648-AS47. The agency is instructed to conduct a focused outreach campaign prior to submission of a request for extension for this ICR to validate burden estimates and elicit suggestions from the regulated community for reducing the burden of this program. The results of this campaign must be summarized in the submission.

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OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

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# PAPERWORK REDUCTION ACT SUBMISSION

**Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Subagency originating request</p>	<p>2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span>                  a. _____ - _____</p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note Item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input type="checkbox"/> Regular submission</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____</p> <p>c. <input type="checkbox"/> Delegated</p>
	<p>5. Small entities                  Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>6. Requested expiration date</p> <p>a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____</p>
<p>7. Title</p>	
<p>8. Agency form number(s) (<i>if applicable</i>)</p>	
<p>9. Keywords</p>	
<p>10. Abstract</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>check one</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual recordkeeping and reporting burden</p> <p>a. Number of respondents _____</p> <p>b. Total annual responses _____</p> <p>    1. Percentage of these responses collected electronically _____ %</p> <p>c. Total annual hours requested _____</p> <p>d. Current OMB inventory _____</p> <p>e. Difference _____</p> <p>f. Explanation of difference</p> <p>    1. Program change _____</p> <p>    2. Adjustment _____</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs _____</p> <p>b. Total annual costs (O&amp;M) _____</p> <p>c. Total annualized cost requested _____</p> <p>d. Current OMB inventory _____</p> <p>e. Difference _____</p> <p>f. Explanation of difference</p> <p>    1. Program change _____</p> <p>    2. Adjustment _____</p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input type="checkbox"/> Reporting</p> <p>    1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>    4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>    7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency Contact (person who can best answer questions regarding the content of this submission)</p> <p>Name: _____</p> <p>Phone: _____</p>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT  
FOR  
CRAB INDIVIDUAL FISHING QUOTAS (IFQs)  
IN THE BSAI**

**OMB NO. 0648-NEW**

**BACKGROUND**

This submission is intended to eventually be part of the collection-of-information entitled “Individual Fishing Quotas (IFQS) for Pacific Halibut and Sablefish in the Alaska Fishery (OMB No. 0648-0272)” but is being submitted separately because another 0648-0272 submission (renewal) is currently at OMB. It is our intent to merge these requirements into 0648-0272 as soon as possible.

**A. JUSTIFICATION**

National Marine Fisheries Service (NMFS) manages the crab fisheries in the waters off the coast of Alaska under the Fishery Management Plan for Bering Sea and Aleutian Islands Crab (Crab FMP). Regulations implementing the FMP appear at 50 CFR part 680. Regulations at 50 CFR part 679 also pertain. Amendments 18 and 19 amend the Crab FMP to include the Crab Rationalization Program (Program). Congress amended the Magnuson-Stevens Act to require the Secretary of Commerce to approve the Program.

**1. Explain the circumstances that make the collection of information necessary.**

The Program reallocates BSAI crab resources among harvesters, processors, and coastal communities. This collection-of-information addresses the changes to the IFQ Program collection-of-information brought on by the Crab FMP and implementing regulations at 50 CFR parts 679 and 680. Some of the forms originally created for use by IFQ halibut and sablefish participants are revised to include use by CR crab participants.

**2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.**

**a. IFQ Departure Report**

A vessel operator who intends to make a landing of CR crab at any location other than in the State of Alaska must submit an IFQ Departure Report, by toll-free telephone, to OLE, Juneau,

AK, at 800-304-4846 or 907-586-7163. A NOAA law enforcement staff will complete the form from information given over the telephone. This action adds CR crab as a species to which the requirements for a Departure Report apply. This action adds an estimated 10 participants in the crab fishery to the number of respondents.

A vessel operator must submit an IFQ Departure Report after completion of all fishing and prior to departing the waters of the EEZ adjacent to the jurisdictional waters of the State of Alaska, the territorial sea of the State of Alaska, or the internal waters of the State of Alaska when IFQ halibut, CDQ halibut, IFQ sablefish, or CR crab are on board.

**IFQ Departure Report**

(received by telephone and completed by OLE)

- Date, time (A.l.t.), and location of intended landing
- Vessel name and State of Alaska Department of Fish and Game (ADF&G) vessel registration number
- Vessel operator=s name and IFQ Registered Buyer permit number or Registered Crab Receiver (RCR) permit number
- Crab IFQ permit number(s) and ADF&G statistical area fished
- Crab weight in pounds
- Halibut IFQ permit number or halibut CDQ permit number and regulatory area fished
- Halibut weight in lb, kg, or mt. Indicate which
- Sablefish IFQ permit number and regulatory area fished
- Sablefish weight in lb, kg, or mt. Indicate which
- Additional information (optional)

<b>Departure Report, Respondent</b>	
Estimated number of respondents	10
Number of responses per respondent	1
<b>Total annual responses</b>	<b>10</b>
Time per response (15 min/60 min)	0.25
<b>Total Time burden</b> (10 x 0.25=2.5)	<b>3</b>
<b>Total personnel cost</b> (3 x\$25)	<b>\$75</b>
<b>Total miscellaneous cost</b> (Submit by toll-free telephone)	<b>0</b>

<b>Departure Report, Federal Government</b>	
<b>Total annual responses</b>	<b>10</b>
Time per response (15 min/60 min)	0.25
<b>Total Time burden</b> (10 x 0.25 = 2.5)	<b>3</b>
<b>Total personnel cost</b> (3 x\$25)	<b>\$75</b>

**b. Transshipment Authorization**

If a person intends to transfer at sea (transship) processed CR crab between vessels, authorization must be requested from an OLE clearing officer for each instance of transshipment. This request is made by a toll-free telephone call to OLE, who writes the information on the transshipment authorization. The request must be made at least 24 hr before the transshipment is

intended to commence. This revision will add an estimated 5 crab fishery participants (half of crab participants) to the number of respondents.

**Transshipment authorization**

- Time, date, and location of transshipment
- Vessel making the transshipment name and ADF&G vessel registration number
- Vessel receiving the transshipment name
- Product destination
- Registered Crab Receiver name and permit number
- Registered Buyer name and number
- IFQ/CDQ permit numbers
- Species and Product type codes and product weight of transshipment
- Request date and time
- Requestor=s name, telephone and FAX numbers

<b>Transshipment Authorization, Respondent</b>	
Estimated number of respondents	5
Number of responses per year	1
<b>Total annual responses</b>	<b>5</b>
Time per response (12 min/60 min)	0.2
<b>Total Time burden</b> (5 x 0.2)	<b>1</b>
<b>Total personnel cost</b> (1 x\$25)	<b>\$25</b>
<b>Total miscellaneous cost</b> (submit by toll-free telephone)	<b>0</b>

<b>Transshipment Authorization, Federal Government</b>	
<b>Total annual responses</b>	<b>5</b>
Time per response (12 min/60 min)	0.2
<b>Total Time burden</b> (5 x 0.2)	<b>1</b>
<b>Total personnel cost</b> to all applicants (1 x\$25)	<b>\$25</b>

**c. IFQ Administrative Waiver**

An administrative waiver is received by telephone at a Government-provided toll-free number (or, in rare cases, by marine radio) from a participant in the IFQ halibut, CDQ halibut, IFQ sablefish, and CR crab fisheries when requesting an exception to the regulations due to extenuating circumstances. The toll-free call is made to NOAA Fisheries Office for Law Enforcement (OLE), Juneau. The Electronic Reporting Waiver is granted at the discretion of the clearing officer (Due to inability to submit by Internet). If a waiver is issued, an ADF&G paper fish ticket will be completed by the participant. This revision will add an estimated 12 crab fishery participants to the number of respondents

**IFQ Administrative Waiver**

- Toll-free telephone call to OLE; completed by OLE
- Date and time of waiver
- Vessel name and ADF&G vessel registration number
- All IFQ permit numbers

Prior Notice confirmation number (if applicable)  
 Registered Buyer name and permit number (if applicable)  
 Registered Crab Receiver name and permit number (if applicable)  
 Requirement being waived.

<b>IFQ Administrative Waiver, Respondent</b>	
Estimated number of respondents	12
Number of responses per respondent	1
<b>Total annual responses</b>	<b>12</b>
Time per response (6 min/60 min)	0.1
<b>Total Time burden</b> (12x 0.1 = 1.2)	<b>2</b>
<b>Total personnel cost</b> to all applicants (21 x \$25)	<b>\$50</b>
<b>Total miscellaneous cost</b> (Submit by toll-free telephone)	<b>\$0</b>

<b>IFQ Administrative Waiver, Federal Government</b>	
<b>Total annual responses</b>	<b>12</b>
Time per response (6 min/60 min)	0.1
<b>Total Time burden</b> (12x 0.1 = 1.2)	<b>2</b>
<b>Total personnel cost</b> (2 x \$25)	<b>\$50</b>

**d. Application for Replacement of Certificates, Permits, or Cards**

This application form is used to replace any permit, card, or certificate issued by NMFS, Alaska Region. The form was originally created for the IFQ Program for Pacific halibut and sablefish, but since has been revised to include other programs. This action adds the permits issued by the CR Crab Program to the form and removes the requirement for Notary Public. This action adds an estimated 50 crab fishery participants to the number of respondents.

**Application for replacement of certificates, permits, or cards**

Block A B Identification of applicant

Name, NMFS Person ID number, date of birth, SSN (optional) or Tax ID number

Privacy Act Statement: Federal regulations (at 50 CFR parts 679 and 680) 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

Business mailing address; indicate if temporary or permanent

Business telephone number and business FAX number

Block B B Replacement Request

Indicate certificates, card, or permits to be replaced

Block C B Reason for replacement request

Block D B Certification of Applicant

Signature and printed name of applicant and date signed

If Authorized Representative, attach authorization to application



<b>Application for Replacement of Certificates, Permits, or Cards, Respondent</b>	
Estimated number of respondents	50
Number of responses per respondent	1
<b>Total annual responses</b>	<b>50</b>
Time per response (18 min/60 min)	0.3
<b>Total Time burden</b> (50 x 0.3)	<b>15</b>
<b>Total personnel cost</b> (15 x \$25)	<b>\$375</b>
<b>Total miscellaneous cost</b>	<b>\$319</b>
Postage (0.37 x 2 x 25= 18.5)	
FAX (\$6 x 2 x 25= 300)	

<b>Application for Replacement of Certificates, Permits, or Cards, Federal Government</b>	
<b>Total annual responses</b>	<b>50</b>
Time per response (15 min/60 min)	0.25
<b>Total Time burden</b> (50 x 0.25=12.50)	<b>13</b>
<b>Total personnel cost</b> to all applicants (13 x\$25)	<b>\$325</b>

**e. Application for Registered Buyer Permit**

This permit authorizes a person to receive IFQ halibut or sablefish or CDQ halibut from the person that harvested the fish. The permit is also required of any person who harvests IFQ halibut or sablefish or CDQ halibut and transfers such fish: in a dockside sale; outside of an IFQ regulatory area; or outside of the State of Alaska. Permits are non-transferable, renewed annually or issued on request, and at no cost. Each buying station, mothership, shoreside processor, or stationary floating processor that receives IFQ fish or CDQ halibut is required to have its own Registered Buyer permit. Entities receiving IFQ fish or CDQ halibut at locations outside Alaska do not need these permits and are not issued to them in such cases because the deliverer is required to be a Registered Buyer.

This application is revised by removing the requirement and the text regarding the Automatic Transmission Terminal (ATM) and other minor revisions. The ATM used previously for the IFQ halibut, IFQ sablefish, and CDQ halibut data entry is replaced by Internet data entry.

**Application for IFQ/CDQ Registered Buyer Permit**

Indicate (YES or NO) whether this application requests a renewal;

If yes, indicate registered buyer permit number

**Block A B Applicant Identification**

Name and SSN\* or Tax ID number of registered buyer

Privacy Act Statement: Federal regulations (at 50 CFR parts 679 and 680) 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

Name of contact person

Business mailing address and whether permanent or temporary  
 Site or physical address if other than mailing  
 Business Telephone number and FAX number

**Block B B Type of Activity**

Check all that apply

**Block C B Password**

Indicate (YES or NO) whether applicant currently has a password to report landings on-line

If YES, supply password

**Block D B Applicant Signature**

Signature and printed name of applicant and date signed

If Authorized Agent, attach authorization to this application

<b>Application for Registered Buyer Permit, Respondent</b>	
Estimated number of respondents	800
Number of responses per respondent	1
<b>Total annual responses</b>	<b>800</b>
Time per response (18 min/60 min)	0.5
<b>Total Time burden</b> (800 x 0.5)	<b>400</b>
<b>Total personnel cost</b> (400 x \$25)	<b>\$10,000</b>
<b>Total miscellaneous cost</b>	<b>\$4,317</b>
FAX (\$6 x 700= 4,200)	
Postage (0.37 x 100 = 37)	
Photocopy (0.10 x 1 x 800 = 80)	

<b>Application for Registered Buyer Permit, Federal Government</b>	
<b>Total annual responses</b>	800
Time requirement for each application (15 min/60 min)	0.25
<b>Total Time burden</b> (800 x 0.25)	<b>200</b>
<b>Total personnel cost</b> to all applicants (200 x \$25)	<b>\$5000</b>

**f. Request for Automated Transaction Terminal/Printer (ATM) [removed]**

This form was used by participants to request that an ATM be supplied by NMFS. ATMs originally were required to electronically submit IFQ halibut, IFQ sablefish, and CDQ halibut landing reports. The form, as well as the use of ATMs, is removed with this action.

It is anticipated that the information collected will be disseminated to the public or used to support publicly disseminated information. As explained in the preceding paragraphs, the information gathered has utility. NOAA Fisheries will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.**

The ATM was previously used by Registered Buyers to submit IFQ landing reports (a report not affected by this action). With this action NMFS removed the use of the ATM in favor of using the Internet. Removal of the ATM caused the change described in Q2(f) – which removed the ATM request form, Q2(e) – which removed the language regarding the ATM from the Registered Buyer permit application, and Q2(c) – which removed the waiver not to use the ATM.

Three of the forms in this action are actually telephone calls to the NMFS OLE. The other forms may be completed on the computer screen – are “fillable” at the NMFS Alaska Region Home Page at [www.fakr.noaa.gov](http://www.fakr.noaa.gov) -- downloaded, printed, and FAXed to NMFS.

**4. Describe efforts to identify duplication.**

This action will be incorporated into the existing collection OMB NO. 0648-0272. None of the information collected as part of this information collection duplicates other collections.

**5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

This action does not have a significant impact on small entities.

**6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.**

OLE could not determine individual compliance with the Crab program. Information is required as frequently as vessels choose to harvest or transfer CR crab. The lack of adequate information to manage this program would result in the fishery management decision-making process being less objective, more political, and potentially less equitable. This would decrease the credibility of the fishery management process and result in an unnecessarily costly and ineffective management system. The cost of making decisions based on inadequate information would adversely affect the viability of the fishing industry.

**7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.**

Some reporting is more frequent than quarterly. The transshipment report is required on the rare occasion that an individual transfers CR crab from one vessel to another vessel (generally, crab needs to be taken directly to shore). The departure report is required each time a vessel with crab onboard crosses the EEZ off Alaska and the Canadian International boundary between

British Columbia and Alaska, generally not more than once per year.

**8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

The NMFS Alaska Region submitted the attached proposed rule (69 FR 63200, October 29, 2004) requesting comments from the public. No comments regarding this specific collection were received.

**9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.**

No payment or gift will be provided under this program.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

The information collected is confidential under section 303(d) of the Magnuson-Stevens Act (16 U.S.C. 1801 *et seq.* and 16 U.S.C. 1862(j)); and also under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

Federal Regulations (50 CFR part 679 and part 680) authorize but do not require collection of the social security number. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.

**12. Provide an estimate in hours of the burden of the collection of information.**

The total estimated respondents is 877. Total estimated responses are 877. The total estimated burden hours per year for all respondents is 421. The total estimated personnel costs are \$10,525. Personnel labor costs are estimated to the average wage equivalent to a GS-7 employee in Alaska, including COLA, at \$25 per hour.

**13. Provide an estimate of the total annual cost burden to the respondents or record-**

**keepers resulting from the collection (excluding the value of the burden hours in #12 above).**

Total estimated miscellaneous costs are \$4,636 .

**14. Provide estimates of annualized cost to the Federal government.**

Total estimated responses are 877. Total estimated burden hours are 221. Total personnel cost is \$5,550.

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.**

This action is to be treated as a new program, but will be integrated into OMB 0648-0272. The transshipment authorization, departure report, and administrative waiver originally were created for use by participants in the IFQ halibut, CDQ halibut, and IFQ sablefish fisheries. With this action, these forms are revised for use by CR crab participants also. The use of ATMs is replaced by use of Internet data entry; therefore, forms and text are removed that describe ATMs.

**16. For collections whose results will be published, outline the plans for tabulation and publication.**

The information collected will not be published and no statistical sampling of the information is planned.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.**

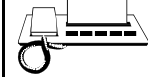

In accordance with OMB requirements, the control number and the expiration date of OMB approval are shown on the forms.

**18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.**

No exceptions to the certification statement are requested.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This collection does not employ statistical methods.

	<b>REQUEST FOR TRANSACTION TERMINAL</b>	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	
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**BLOCK A - APPLICANT INFORMATION**

1. Name or Business Name:		2. Registered Buyer Number, If any:	
3. Business Mailing Address:			
4. Name of Contact Person:			
5. Home Telephone Number:	6. Business Telephone Number:	7. Fax Number:	

**BLOCK B - TERMINAL SITE**

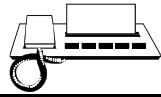
1. Is this terminal to be located at a: Fixed Location [ <input type="checkbox"/> ] or Mobile Location [ <input type="checkbox"/> ]
2. If <b>fixed</b> , Physical Address where terminal will be located:
3. If <b>mobile</b> , location of expected activity (Lat/Long or Primary Port):

**BLOCK C - SIGNATURE**

Signature of Applicant or Authorized Representative:	Date:
Printed Name and Title of Applicant or Authorized Representative ( <b>Note:</b> If this is completed by an agent, attach agent authorization.):	

**BLOCK D - FOR OFFICIAL USE ONLY**

Transaction Terminal Number	Software Version	Printer Number	Date of Issue
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## INSTRUCTIONS REQUEST FOR TRANSACTION TERMINAL

Type or print legibly in ink and retain a copy of completed application for your records.

**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.

If you have questions about the application or need additional information, call Restricted Access Management at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Mail completed application form to:

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

***SPECIAL INFORMATION:*** All IFQ landings and CDQ halibut landings must be reported electronically using IFQ/CDQ landing cards and Transaction Terminals activated with custom-designed computer software. Waivers to this requirement may only be granted by the NMFS Office of Enforcement at (907) 586-7225.

*You may use this form to request a Transaction Terminal; however, if insufficient terminals are available for all who request them, terminals will be distributed to locations determined by NMFS to be most convenient for the fishing fleet and most likely to ensure timely and accurate reporting of landings of IFQ halibut and sablefish and CDQ halibut. To assist those without terminals, NMFS will attempt to place the terminals at appropriate public places, such as harbormaster offices. Locations of all such terminals are available on the Alaska Region NMFS web site at <<http://www.fakr.noaa.gov>>, or you may call RAM at any of the numbers listed above. **Terminals and printers provided by NMFS are the property of the U.S. Government.***

*You may also purchase terminals and printers directly from the supplier; however, NMFS must install custom software to establish a functional unit. If you wish to arrange for private purchase of a terminal and a printer, call or write RAM at the numbers and/or address listed above.*

### ***BLOCK A - BUSINESS INFORMATION***

1. Name or Business Name - Name of Individual or Business responsible for the Terminal and Printer.
2. Registered Buyer Number - Enter your Registered Buyer number if you have one.
3. Business Mailing Address - Enter the business mailing address, including the street and/or P.O. Box number, city, state, and zip code.
4. Name of Contact Person - Provide the full name of a person we may contact regarding the terminal and printer.
- 5-7. Home Telephone Number, Business Telephone Number, and Fax Number - Include area code with all phone and fax numbers.

**BLOCK B - TERMINAL SITE**

1. Check whether the terminal will be located at a fixed or mobile site.
2. If the site is **fixed**, provide the complete physical address. Include street, city, state, and zip code.
3. If the site is **mobile**, provide the expected activity location (Lat/Long or primary port).

**BLOCK C - SIGNATURE**

Sign, print your name, and date the application in the appropriate blocks. If you are a representative for the applicant, include your title in the appropriate block and attach your agent authorization.

**BLOCK D - FOR OFFICIAL USE ONLY**

Restricted Access Management will complete this block upon issuance of a Transaction Terminal and printer.

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 0.2 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 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.

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# RECORD OF IFQ/CDQ TRANSSHIPMENT AUTHORIZATION

NOAA Fisheries Office for Enforcement (OLE) (This form to be completed only by OLE personnel)

FAXED TO:	DATA CLERKS @ 907-586-7313		
FAXED FROM:		TELEPHONE:	
	Clearing Officer Name		

Transshipment Date	Time
Transshipment Location	

**VESSELS**

From:	ADF&G #
To:	
Product Destination:	

**PERMITS**

Registered Crab Receiver Name and Permit Number
Registered Buyer Name and Permit Number
IFQ/CDQ Permit Number(s)

Species Code	Product Type & Code	Product Weight

Request Date	Request Time
Requestor's Name	
Requestor's Telephone & FAX	
Clearing Officer	Date

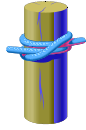
Transshipment:	Authorized	Not Authorized
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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time to 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 Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort under 50 CFR part 679 and part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) And 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.



**APPLICATION FOR  
IFQ/CDQ  
REGISTERED BUYER  
PERMIT**

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



**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\*, TAX ID, or NMFS Person ID:

3. Name of Contact Person:

4. Business Mailing Address: Permanent  Temporary

5. Physical Location of Facility:

6. Business Telephone Number:

7. Business Fax Number:

**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.

**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*). \_\_\_\_\_

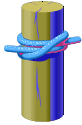
**BLOCK D - SIGNATURE**

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:

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 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. 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 to:

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

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.

4. 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 Telephone Number and Fax number - Include area codes.

### ***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.

# IFQ DEPARTURE REPORT



NOAA Fisheries Office for Law Enforcement (OLE)

(This form to be completed ***only*** by OLE Personnel)

Intended landing				
Date	Time (A.I.t.)		Location	
Vessel Name		ADF&G Vessel No.		
Vessel operator's name		Registered Buyer permit number		
		Registered Crab Receiver permit number		
Crab	IFQ Permit No.	ADF&G Statistical Area Fished	Weight	LB
	IPQ Permit No.			
Halibut	IFQ Permit No.	Regulatory Area Fished	Weight	LB/KG/MT
	CDQ Permit No.			
Sablefish	IFQ Permit No.	Regulatory Area Fished	Weight	LB/KG/MT

Additional Information (optional)

<p><b>PUBLIC REPORTING BURDEN STATEMENT</b></p> <p>Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time to 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.</p> <p style="text-align: center;"><b>ADDITIONAL INFORMATION</b></p> <p>Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort under 50 CFR part 679, 50 CFR 680, and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, <i>et seq.</i>); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, <i>et seq.</i>). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.</p>
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 <p><b>APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS</b></p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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**BLOCK A - IDENTIFICATION OF APPLICANT**

1. Name:	2. NMFS Person ID:
3. Date of Birth:	4. SSN* (optional) or Tax ID:
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
6. Business Telephone Number:	7. Business Fax Number:

**\*Privacy Act Statement:** Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number disclosure is voluntary; in the event it is not provided

**BLOCK B - REPLACEMENT REQUEST  
[Check Only the Items that Apply]**

**QS Certificate:** Units \_\_\_\_\_ Area \_\_\_\_\_ Species \_\_\_\_\_ Vessel Category \_\_\_\_\_  
 Is this QS Certificate requested for a pending QS/IFQ transfer?     Yes     No

**IFQ Fishing Permit:** Permit Number \_\_\_\_\_ Species \_\_\_\_\_

**IFQ/CDQ Landing Card** for individual permit holder Permit Number \_\_\_\_\_ Species \_\_\_\_\_

**Hired Skipper Card :** Permit Number \_\_\_\_\_ Skipper Name \_\_\_\_\_ Skipper NMFS Person ID \_\_\_\_\_  
 (Application Must be Completed and Signed by Permit Holder Only)

**Transfer Eligibility Certificate (TEC):** NMFS Person ID \_\_\_\_\_

**Registered Buyer Permit:** Permit Number \_\_\_\_\_

**Subsistence Halibut Registration Number:** \_\_\_\_\_

**Federal Fisheries/Processor Permit (FFP/FPP):** Permit Number \_\_\_\_\_ Vessel ADF&G Number \_\_\_\_\_

**Scallop License Limitation License (SLLP):** License Number \_\_\_\_\_

**License Limitation License (LLP):** Crab License Number \_\_\_\_\_ Groundfish License Number \_\_\_\_\_

**American Fisheries Act (AFA) Permit:** Permit Number \_\_\_\_\_ USCG Number \_\_\_\_\_  
 ADF&G Number \_\_\_\_\_

**BLOCK C - REASON FOR REPLACEMENT REQUEST**

Lost [ ] Destroyed [ ] Stolen [ ] Other [ ] (explain)

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**BLOCK D - SIGNATURE OF APPLICANT**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete.

1. Signature of Applicant or Authorized Agent:

2. Date:

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



**INSTRUCTIONS**  
**Application for Replacement of Certificates, Permits, or Cards**

Please type or print legibly in ink and retain a copy of the completed application for your records.

**Allow at least 10 business days for your application to be processed.** Items will be sent U.S. First-Class Mail, unless alternative mailing instructions are provided with RAM's receipt of the application *and* include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

If you have any questions about this application or need additional information, call Restricted Access Management (RAM) at (800) 304-4846 (#2) or (907) 586-7202 (#2).

Mail completed applications to:

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

***BLOCK A - IDENTIFICATION OF APPLICANT***

Provide the information requested below regarding the replacement of the item(s) requested.

1. Name: The full name of the individual, corporation, or partnership that is the holder of the permit, card, certificate, and/or license being replaced. **Note**: If a landing card is being replaced for a hired skipper, the applicant completing and signing the application **must** be the CDQ/IFQ permit holder.
2. NMFS Person ID: The identification number assigned to the applicant by National Marine Fisheries Service, RAM.
3. Date of Birth: If the applicant is an individual person, enter that person's date of birth.
4. SSN or Tax ID:  
**Privacy Act Statement**: Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.
5. Business Mailing Address: Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent. Check whether the address provided is a permanent or temporary address. 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 only and we will not change the RAM database.



- 6-7. **Business Telephone and Fax Numbers:** The business telephone and fax numbers including the area codes. **Note:** It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

***BLOCK B - REPLACEMENT REQUEST***

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

***BLOCK C - REASON FOR REPLACEMENT REQUEST***

Indicate the reason(s) for replacement of the items checked in Block B.

***BLOCK D – SIGNATURE OF APPLICANT***

- 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 Applicant or Authorized Agent:** Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.3 hours per response, including 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 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 parts 679 and 680 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.

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# ADMINISTRATIVE WAIVER

NOAA Fisheries Office for Enforcement(OLE)

(This form to be completed **only** by OLE Personnel)

Date & Time of Waiver	
Vessel Name	ADF&G No.
All IFQ Permit Nos.	
IF APPLICABLE Confirmation Nos	
Registered Buyer Name and Permit No.	
Registered Crab Receiver Name and Permit No.	

CHECK THE ONES THAT APPLY:	
<input type="checkbox"/>	<b>A. Prelanding Waiver</b> (Vessel lands fish before the required 3 hours). {50 CFR 679.5(1)(1)(i)}
<input type="checkbox"/>	<b>B. After-hours Waiver</b> (Vessel lands fish after 1800 or before 0600). {50 CFR 679.5(1)(2)(ii)(A)}
<input type="checkbox"/>	<b>C. Electronic Reporting Waiver</b> (Due to inability to submit by Internet). {50 CFR 679.5(1)(2)(iv)}
<input type="checkbox"/>	<b>D. Waiver for the IFQ cardholder</b> to not be on board in extreme personal emergencies {50 CFR 679.42(d)}

Comments:	
Clearing Officer Name	Office

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time to 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 Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of the law, no person is required 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, is required to manage commercial fishing effort under 50 CFR part 679 and 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 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They also are confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.