

<p>Application to Participate In the Rockfish Pilot Program</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
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Each person who is eligible to participate in the Rockfish Pilot Program must submit this application to receive an assignment of catch history or halibut Prohibited Species Catch (PSC) history for any License Limitation Program (LLP) licenses held by that person or to be eligible to receive fish from the Rockfish Pilot Program.

Please indicate the type of *eligibility to participate* for which you are applying:

- Eligible Rockfish Harvester** (catcher-vessel or catcher-processor sectors). Applicants must complete Blocks A and B and sign in Block F. **Note: If you disagree** with the Rockfish Program Official Record Summary, you must also complete Block C.
- Eligible Rockfish Processor** (shoreside and stationary floating processors only). Applicants must complete Blocks A, B, and E and sign in Block F. **Note: If you disagree** with the Rockfish Program Official Record Summary, you must also complete Block D.

NOTE: In addition to this application, each year an Eligible Rockfish Harvester must submit an application for the Rockfish Cooperative Fishery, the Limited Access Rockfish Fishery, or Opt-out (catcher-processors only) of the Rockfish fishery.

This completed application must be received by NMFS no later than January 2, 2007.

BLOCK A -- APPLICANT INFORMATION		
1. Applicant name	2. NMFS person ID (if applicable)	
	3. Tax ID number	
4. Permanent business mailing address		
5. Business telephone number	6. Business FAX number	7. e-mail address (if available)

Note: The Applicant must be a U.S. citizen or U.S. corporation, partnership, or other business entity to obtain a catch history or halibut PSC history assignment.

8. Are you a U.S. citizen? YES NO If YES, enter Date of Birth _____

9. Are you a U.S. corporation, partnership, association or other business Entity? YES NO

If YES, enter Date of Incorporation _____

10. Is the applicant a successor-in-interest to a deceased individual or to a non-individual no longer in existence?
 YES NO

If YES, attach death certificate or evidence of dissolution to the application.

BLOCK B -- AGREEMENT WITH ROCKFISH PROGRAM OFFICIAL RECORD

I AGREE with the Rockfish Program Official Record Summary sent to me by NMFS. If you check this box, you are accepting the Rockfish Program Official Record.

If you are an eligible rockfish harvester, proceed to Block F, sign the application, and return the application to NMFS. If you are an eligible rockfish processor, complete Block E, proceed to Block F, sign the application, and return the application to NMFS.

I DO NOT AGREE with the Rockfish Program Official Record Summary sent to me by NMFS. I have indicated the areas of disagreement in Block C or D of this form or attached a separate page explaining my disagreement and providing evidence to support my claims.

I DID NOT RECEIVE a Rockfish Program Official Record Summary from NMFS. I believe that I am qualified as an eligible rockfish harvester or processor. I have indicated in Block C or Blocks D and E of this form or attached a separate page explaining the basis for my eligibility as an eligible rockfish harvester or processor.

BLOCK C – HARVESTER LEGAL ROCKFISH LANDINGS

If you are applying as an Eligible Rockfish Harvester and you **do not agree** with the Official Rockfish Program Record, enter the following information for the original qualifying vessel and other vessels used under authority of each LLP license.

LLP license number			
Name of original qualifying vessel (OOV)	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Other vessels used under authority of this LLP license			
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001

LLP license number			
Name of original qualifying vessel (OOV)	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Other vessels used under authority of this LLP license			
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001
Name of Vessel	ADF&G No.	USCG No.	Date Landings Made in 2000 and 2001

BLOCK D – LEGAL ROCKFISH LANDINGS IN CATCHER/PROCESSOR SECTOR

If you are claiming Legal Rockfish Landings in the Catcher/Processor Sector and you **do not agree** with the Official Rockfish Program Record, enter the following information for the catcher/processor on which legal rockfish landings were caught and processed.

LLP license number			
Vessel Name	ADF&G No.	USCG No.	
LLP license number			
Vessel Name	ADF&G No.	USCG No.	

BLOCK E -- PROCESSOR ELIGIBILITY

If you are applying as an Eligible Rockfish Processor, you must provide the following information to establish your eligibility:

1. Did the applicant receive at least 250 metric tons in round weight equivalent of aggregate legal rockfish landings of primary rockfish species each calendar year in any four of the five calendar years beginning 1996 through 2000 during the season dates for that primary rockfish species as established in Table 28 to part 679?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2. If YES, enter the following information for each processor where legal rockfish landings were received.

Facility Name	ADF&G Processor Code	Qualifying years or seasons	Community Name* In Which Primary Rockfish Species Were Received

*The community is either:

- o The city, if the community is incorporated as a city within the State of Alaska or
- o The borough, if the community is not a city incorporated within the State of Alaska, but the community is in a borough incorporated within the State of Alaska.

3. Enter the four calendar years from 1996 through 2000 that applicant wishes NMFS to use when determining an association with a Rockfish Cooperative.

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4. Attach a copy of the contract to the application that demonstrates that the legal processing history and rights to apply for and receive processor eligibility based on that legal processing history have been transferred or retained (if applicable).

BLOCK F -- APPLICANT CERTIFICATION

The applicant must sign and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief. If the application is completed by an authorized representative, attach authorization to application.

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 Representative)	2. Date Signed
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3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization

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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions for
**Application to Participate
in the Rockfish Pilot Program**

This completed application must be received by NMFS no later than January 2, 2007.

NOTE: Participant must be a U.S. Citizen or U.S. Corporation, partnership or other business.

A person who wishes to participate in the Rockfish Program as an Eligible Rockfish Harvester or Eligible Rockfish Processor must submit this application to NMFS. Use this application to apply to receive an assignment of catch history or halibut PSC history for any LLPs held by the applicant or to be eligible to receive fish from the Rockfish Pilot Program.

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**

FAX: (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.

Please indicate which type of eligibility to participate for which you are applying:

- Eligible Rockfish Harvester (catcher-vessel or catcher-processor sectors). Complete Blocks A and B, sign in Block F. **Note:** If you disagree with the Rockfish Program Official Record Summary, you must also complete Block C.
- Eligible Rockfish Processor (shoreside and stationary floating processors only). Complete Blocks A, B, and E, sign in Block F. **Note:** If you disagree with the Rockfish Program Official Record Summary, you must also complete block D.

NOTE: The person who holds the processing history of a shoreside processor or stationary floating processor is the person who owns the shoreside processor or stationary floating processor at the time of Application to Participate in the Rockfish Pilot Program, unless that processing history has been transferred to another person by the express terms of a written contract that clearly and unambiguously provides that such processing history has been transferred.

If the applicant did not own one or more of the processing facilities through which claiming processor eligibility, attach a copy of that contract to the application.

BLOCK A – APPLICANT INFORMATION

Enter Applicant Name, NMFS ID (if known), Tax ID Number, Permanent Business Mailing Address, Business Telephone, Business Facsimile, Business e-mail (if available).

Indicate (YES or NO) if the applicant is a U.S. citizen; if YES, enter his or her date of birth;

Indicate (YES or NO) if the applicant is a U.S. corporation, partnership, association, or other business entity; if YES, enter the date of incorporation;

Indicate (YES or NO) if the applicant is a successor-in-interest to a deceased individual or to a non-individual no longer in existence, attach death certificate or evidence of dissolution to the application.

BLOCK B - AGREEMENT WITH ROCKFISH PROGRAM OFFICIAL RECORD

All Applicants must mark the box that applies to them:

◆ **Agree with the Rockfish Program Official Record Summary.** If you check this box, you are accepting the Rockfish Program Official Record. Proceed to Block F, sign the application and return the completed application to NMFS. **Note:** All applicants must complete Block E to become an Eligible Rockfish Processor.

◆ **Do not agree with the Rockfish Program Official Record Summary.** If you check this box, you disagree with the rockfish Program Official Records. Indicate areas of disagreement in Block C or D or attach a separate page explaining your disagreement and provide evidence to support your claims.

◆ **Did not receive a Rockfish Program Official Record Summary.** If you check this box, even though you did not receive an official record from NMFS, you believe that you are qualified as an eligible rockfish harvester or processor. Indicate your information in Block C or Blocks D and E or attach a separate page explaining the basis for your eligibility as an eligible rockfish harvester or processor.

BLOCK C – HARVESTER LEGAL ROCKFISH LANDINGS

If you are applying as an Eligible Rockfish Harvester and you **do not agree** with the Official Rockfish Program Record, enter the following information for each LLP license.

LLP license number

Original Qualifying Vessel (OOV)

Name of the OOV vessel that gave rise to the LLP license

Alaska Department of Fish and Game (ADF&G) vessel registration number

United States Coast Guard (USCG) documentation number

Dates landings made on vessel which gave rise to that LLP license

Other Vessels Used under the Authority of this LLP license

Name(s) of vessel

ADF&G vessel registration numbers

USCG documentation numbers

Dates landings made for each vessel

BLOCK D – LEGAL ROCKFISH LANDINGS IN CATCHER/PROCESSOR SECTOR

If you are applying as an Eligible Rockfish Processor in the Catcher/Processor Sector, and you **do not agree** with the Official Rockfish Program Record, enter the following information for each LLP license.

LLP license number

Vessel(s) name, ADF&G vessel registration number, and USCG documentation number

BLOCK E -- PROCESSOR ELIGIBILITY

If you are applying as an Eligible Rockfish Processor, you must provide the following information to establish your eligibility:

1. Indicate (YES or NO) whether applicant received at least 250 metric tons in round weight equivalent of aggregate legal rockfish landings of primary rockfish species each calendar year in any four of the five calendar years beginning 1996 through 2000 during the season dates for that primary rockfish species as established in Table 28 to part 679.
2. If YES, enter the following information for each processor where legal rockfish landings were received.
 - Facility Name
 - ADF&G Processor Code
 - Qualifying years or seasons
 - Community Name* In Which Primary Rockfish Species Were Received

**The community is either the city if the community is incorporated as a city within the State of Alaska; or the borough if the community is not in a city incorporated within the State of Alaska and the city is in a borough as incorporated within the State of Alaska*

3. Enter the four calendar years from 1996 through 2000 that applicant wishes NMFS to use when determining an association with a Rockfish Cooperative.
4. Attach a copy of the contract to the application that demonstrates that the legal processing history and rights to apply for and receive processor eligibility based on that legal processing history have been transferred or retained (if applicable).

BLOCK F – APPLICANT CERTIFICATION

The applicant must print name, sign, and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief. If the application is completed by an authorized representative, then authorization must accompany the application.

<h2 style="margin: 0;">Application for Rockfish Cooperative Fishing Quota (CQ)</h2>	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
A Rockfish Cooperative that submits a complete application that is approved by NMFS will receive a CQ permit that establishes an annual amount of primary rockfish species, secondary species, and rockfish halibut PSC that is based on the collective rockfish QS of the LLPs assigned to the rockfish cooperative by its members. A CQ permit will list the amount of CQ, by fishery, held by the Rockfish Cooperative, the members of the Rockfish Cooperative and LLP licenses assigned to that rockfish cooperative, and the vessels which are authorized to harvest fish under that CQ permit.	

This application must be submitted annually by each Rockfish Cooperative and received by NMFS no later than March 1.

<i>BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION</i>			
1. Rockfish Cooperative's legal name		2. Type of business entity under which the Rockfish Cooperative is organized	
3. Date of Incorporation	4. Tax ID number	5. State in which the Rockfish Cooperative is legally registered as a business entity	
6. Printed name of authorized representative		7. Permanent business address	
8. Business telephone number	9. Business FAX number	10. E-mail address (if available)	
11. Signature of representative and date signed.			

<i>BLOCK B – MEMBERS OF THE ROCKFISH COOPERATIVE</i>	
<i>HARVESTER IDENTIFICATION</i>	
1. Full name	2. NMFS Person ID
	3. LLP number(s)
	4. Tax ID
5. Vessel Name (on which CQ issued to rockfish cooperative will be used)	6. ADF&G Vessel No.
	7. USCG No.
<i>LLP HOLDERSHIP DOCUMENTATION</i>	
Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) assigned to the rockfish cooperative and the percentage ownership each person and individual holds in the LLP license(s).	
Name	% Ownership in LLP License

BLOCK C – PROCESSOR ASSOCIATES OF THE ROCKFISH COOPERATIVE

IDENTIFICATION

1. Full name	2. NMFS Person ID
	3. Tax ID

Processing Facility

4. Name	5. ADF&G processor code
	6. Federal processor permit No.

Stationary Floating Processor

7. Name	8. ADF&G processor code
	9. Federal processor permit No.
	10. USCG number

PROCESSOR OWNERSHIP INFORMATION

Provide the names of all persons, to the individual level, holding an ownership interest in the processor and the percentage ownership each person and individual holds in the processor.

Name	% Ownership in Processor

ATTACHMENTS

For the cooperative application to be considered complete, the following documents must be attached to the application:

- o A copy of the business license issued by the state in which the Rockfish Cooperative is registered as a business entity;
- o A copy of the articles of incorporation or partnership agreement of the Rockfish Cooperative;
- o A copy of the Rockfish Cooperative agreement signed by the members of the Rockfish Cooperative (if different from the articles of incorporation or partnership agreement of the Rockfish Cooperative).
- o Any article of incorporation or agreement submitted by the Rockfish Cooperative must include terms that specify that
 - eligible rockfish processor affiliated harvesters do not participate in price setting negotiations except as permitted by general antitrust law and
 - the Rockfish Cooperative has established a monitoring program sufficient to ensure compliance with the Rockfish Program.

BLOCK D - CERTIFICATION 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 Identified in Block B (or Authorized Representative)	2. Date Signed
3. Printed Name of Applicant Identified in Block B (or Authorized Representative); if representative, attach authorization	

BLOCK E - CERTIFICATION 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 Identified in Block C (or Authorized Representative)	2. Date Signed
3. Printed Name of Applicant Identified in Block C (or Authorized Representative); if representative, attach authorization	

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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**Instructions for
Application for Rockfish CQ**

A Rockfish Cooperative that submits a complete application and that is approved by NMFS will receive a Rockfish Cooperative allocation that establishes an annual catch limit of primary and secondary species based on the collective catch history holdings of the LLPs held and contributed by the members of the Rockfish Cooperative. A Rockfish Cooperative allocation will list the amount of allocation, by fishery, held by the Rockfish Cooperative and identify the members of the Rockfish Cooperative.

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**

FAX: (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.

Submit a completed application for a Rockfish Cooperative allocation, including all amendments, such that they are received by NMFS no later than March 1 to receive an allocation that may be used during the calendar year.

BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION

Legal name
Type of business entity under which organized
State in which legally registered as a business entity
Tax ID number
Date of Incorporation
Printed name and signature of designated representative and date signed
Permanent business address, telephone number, facsimile number, and e-mail address (if available)

BLOCK B – MEMBERS OF ROCKFISH COOPERATIVE

Harvester identification

Full name and NMFS Person ID
LLP license number(s)
Tax ID number
Name, Alaska Department of Fish and Game (ADF&G) vessel registration number, and
United States Coast Guard (USCG) documentation number of vessel(s)

LLP Holdership Documentation

Names of all persons, to the individual level, holding an ownership interest in the
License Limitation Program (LLP) license(s) assigned to the rockfish cooperative
Percentage ownership each person and individual holds in the LLP license(s).

Processor associates of the rockfish cooperative

Full name and NMFS Person ID

Tax ID number

Shoreside facility

Name, ADF&G processor code, and Federal processor permit (FPP) number

Stationary floating processor

Name, ADF&G processor code, FPP number, and USCG documentation number

Processor ownership documentation

Names of all persons, to the individual level, holding an ownership interest in the processor

Percentage ownership each person and individual holds in the processor.

BLOCK C – ATTACHMENTS

For the cooperative application to be considered complete, the following documents must be attached to the application.

A copy of the business license issued by the state in which the Cooperative is registered as a business entity

A copy of the articles of incorporation or partnership agreement of the Rockfish Cooperative

A copy of the agreement signed by the members of the Rockfish Cooperative (if different from the articles of incorporation or partnership agreement)

Any article of incorporation or agreement submitted by the Rockfish Cooperative must include terms that specify that:

The eligible processor does not participate in price setting negotiations except to the extent permitted by general antitrust law; and

The Rockfish Cooperative has established a monitoring program sufficient to ensure compliance with the Rockfish Pilot Program.

BLOCK D -- CERTIFICATION OF APPLICANT

The applicant identified in Block B must sign and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief. If the application is completed by an authorized representative, then explicit authorization signed by the applicant in Block B must accompany the application.

BLOCK E -- CERTIFICATION OF APPLICANT

The applicant identified in Block C must sign and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief. If the application is completed by an authorized representative, then explicit authorization signed by the applicant in Block C must accompany the application.

<p>Application for Entry Level Rockfish Fishery</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
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This application must be submitted annually and received by NMFS no later than **March 1** of the year for which the applicant wishes to participate.

BLOCK A -- APPLICANT INFORMATION		
1. Applicant name	2. NMFS person ID	3. Tax ID number
4. Permanent business mailing address		
5. Business telephone number	6. Business FAX number	7. E-mail address (if available)
8. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, enter Date of Birth _____		
9. Are you a U.S. corporation, partnership, association, or other business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of incorporation: _____		

BLOCK B – VESSEL INFORMATION			
Vessel Name	ADF&G No.	USCG No.	LLP License No.

BLOCK C – ATTACHMENTS
Harvesters who are applying to participate in the Entry Level Fishery must attach a statement from an Eligible Entry Level Processor that affirms that the processor has a market for any rockfish delivered by that harvester in the Entry-Level Fishery.

BLOCK D -- 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 is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)

2. Date

3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization)

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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Instructions
Application for Entry Level Rockfish Fishery

A person is eligible to participate in the Rockfish Program as an Eligible Entry-Level Fishery Harvester if that person:

- ◆ Holds a permanent fully transferable LLP license endorsed for Central Gulf of Alaska groundfish at the time of Application for the Entry-Level Fishery;
- ◆ Submits a timely Application for the Entry-Level Fishery that is approved by NMFS; and
- ◆ Is not an Eligible Rockfish Harvester or Processor.

An entry level fishery is available for all persons who are not eligible rockfish harvesters or processors. This fishery is intended to provide opportunities for harvesters and processors who had not traditionally participated in the Central Gulf of Alaska rockfish fisheries.

An Eligible Entry Level Harvester who wishes to participate in the Entry-Level Fishery must submit an Application for the Entry-Level Fishery. This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t., on **March 1** of the year for which the applicant wishes to participate in an entry level rockfish fishery, or if sent by U.S. mail, the application must be postmarked by that time.

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

FAX: (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 INFORMATION

Name and NMFS person ID

Tax ID number

Permanent business mailing address

Business telephone number, fax number, and e-mail address (if available)

Indicate (YES or NO) whether applicant is a U.S. citizen; if YES, enter date of birth

Indicate (YES or NO) whether applicant is a U.S. corporation, partnership, association, or other business entity; If YES, enter the date of incorporation.

BLOCK B - VESSEL INFORMATION

List vessel information applicant intends to deploy

Name, Alaska Department of Fish and Game (ADF&G) vessel registration number, and
United States Coast Guard (USCG) documentation number of the vessel

Application for Entry Level Rockfish Fishery

License Limitation Program (LLP) license number(s) held by the applicant and used on that vessel. Harvesters who are applying to participate in the Entry-Level Fishery must attach a statement from an Eligible Entry Level Processor that affirms that processor has a market for any rockfish delivered by that harvester in the Entry-Level Fishery

BLOCK C - APPLICANT SIGNATURE AND DATE

Signature of applicant and date signed

Printed name of applicant (or authorized representative); if representative, attach authorization

**Application for
 Inter-Cooperative Transfer of CQ
 Rockfish Fishery**

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

BLOCK A -- IDENTIFICATION OF TRANSFEROR

Applicant must be a U.S. corporation, partnership, association, or other business entity.

1. Name of Rockfish Cooperative		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business FAX number	8. E-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEE

1. Name of Transferee (Rockfish Cooperative)		2. NMFS person ID
3. Name of authorized representative		
4. Permanent business mailing address		5. Temporary business mailing address (if appropriate)
6. Business telephone number	7. Business FAX number	8. E-mail address (if available)

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER (to whose use cap the Rockfish Cooperative CQ will be applied and the amount of CQ applied to each member for purposes of applying use caps established under the Rockfish Program.)		
1. Name	2. NMFS person ID	Amount of CQ Applied

BLOCK D -- CQ TO BE TRANSFERRED		
Identify the type and amount of Primary Species, Secondary Species, or Rockfish Halibut PSC CQ to be transferred.		
Type	Amount (lb or mt, indicate which)	Species to be Transferred

BLOCK E -- CERTIFICATION OF TRANSFEROR	
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 Representative)	2. Date
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	
4. Signature of Eligible Rockfish Processor (associated with Cooperative)	5. Date
6. Printed Name of Eligible Rockfish Processor	

BLOCK F -- CERTIFICATION OF TRANSFEREE	
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 Representative)	2. Date
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	
4. Signature of Eligible Rockfish Processor (associated with Cooperative)	5. Date
6. Printed name of Eligible Rockfish Processor	

Instructions
Application for Inter-Cooperative Transfer
Rockfish Fishery

A Rockfish Cooperative may transfer all or part of its CQ to another Rockfish Cooperative. This transfer requires the submission of an Application for Inter-Cooperative Transfer to NMFS. Once NMFS issues an annual catch amount to a cooperative, it may be fished by members of the cooperative or transferred to another cooperative. However, a cooperative in the catcher vessel sector may not transfer an annual catch amount to a cooperative in the catcher/processor sector.

This transfer of an annual catch amount is only valid during the calendar year of the transfer. A cooperative may only transfer or receive by transfer an annual catch amount if the cooperative:

- ◆ Notifies NMFS. A transfer is not effective until NMFS has been notified and NMFS has sent confirmation to the transferor and the transferee.
- ◆ Identifies the amount and type or annual catch amount transferred and the cooperative and cooperative member to which that annual catch amount is transferred. An annual catch amount received by a cooperative has to be attributed to a member of that cooperative to apply the use caps.
- ◆ Ensures that any transfer does not cause the receiving cooperative to exceed its use cap limitations.

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

FAX: (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.

A complete transfer of catch history or halibut PSC allocation issued to a Rockfish Cooperative requires that the following information be provided to NMFS:

BLOCK A -- IDENTIFICATION OF TRANSFEROR (BUYER).

- Name and NMFS Person ID
- Name of designated representative
- Permanent business mailing address (and temporary mailing address, if appropriate)
- Business telephone number, fax number, and e-mail address (if available)

BLOCK B -- IDENTIFICATION OF TRANSFEREE (SELLER)

Name and NMFS Person ID
Name of designated representative
Permanent business mailing address (and temporary mailing address, if appropriate)
Business telephone number, fax number, and e-mail address (if available)

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER.

Name and NMFS person ID of the member to whose use cap the Rockfish Cooperative
CQ will be applied.
Amount of CQ applied

BLOCK D – CQ TO BE TRANSFERRED

Identify the type and amount (lb or mt, indicate which) of primary species, secondary species,
or rockfish halibut PSC CQ to be transferred.

BLOCK E -- CERTIFICATION OF TRANSFEROR

Signature and printed name of transferor and date signed; if representative, attach authorization
Signature and printed name of Eligible Rockfish Processor (associated with Cooperative) and
date signed

BLOCK F - CERTIFICATION OF TRANSFEREE

Signature and printed name of transferee and date signed; if representative, attach authorization
Signature and printed name of Eligible Rockfish Processor (associated with Cooperative) and
date signed

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 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p>Application for Rockfish Limited Access Fishery</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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This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

BLOCK A -- APPLICANT INFORMATION		
1. Applicant name	2. NMFS person ID	
	3. Tax ID number	
4. Permanent business mailing address		
5. Business telephone number	6. Business FAX number	7. e-mail address (if available)
<p>8. Is applicant a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of birth _____</p> <p>9. Is the applicant a U.S. corporation, partnership, association, or other business entity?</p> <p style="padding-left: 40px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, enter date of incorporation: _____</p>		
<p>10. Is applicant an Eligible Rockfish Harvester?</p> <p style="padding-left: 40px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>11. Is applicant participating in the Rockfish Limited Access Fishery?</p> <p style="padding-left: 40px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

BLOCK B -- VESSEL IDENTIFICATION			
Vessel Name	ADF&G No.	USCG No.	LLP License No.

BLOCK C -- LLP HOLDERSHIP DOCUMENTATION

Enter the names of all persons, to the individual person level, holding an ownership interest in the LLP license and the percentage ownership each person and individual holds in the LLP license assigned to the Rockfish Limited Access Fishery.

Name	% Ownership in LLP License

BLOCK D -- 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 is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date Signed
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	

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 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.

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**Instructions for Application for
Limited Access Rockfish Fishery**

This application must be submitted annually and received by NMFS no later than 1700 hours A.I.t. on **March 1** of the year for which the applicant wishes to participate in a Rockfish limited access fishery, or if sent by U.S. mail, the application must be postmarked by that time.

Eligible Rockfish Harvester

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Harvester if that person:

 Holds a permanent fully transferable LLP license endorsed for Central Gulf of Alaska groundfish with a Legal Rockfish Landing of any Primary Rockfish Species attributed to that LLP license at the time of Application to Participate in the Rockfish Program; and

 Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS;

Eligible Rockfish Processor

A person is eligible to participate in the Rockfish Program as an Eligible Rockfish Processor if that person:

 Holds the processing history of a shoreside processor or stationary floating processor that received at least 250 metric tons in round weight equivalent of aggregate Legal Rockfish Landings of Primary Rockfish Species each calendar year in any four of the five calendar years beginning 1996 through 2000 during the season dates for that Primary Rockfish Species as established in Table 28 to part 679;

 Submits a timely Application to Participate in the Rockfish Program that is approved by NMFS; and

 That person or his successor-in-interest exists at the time of Application to Participate in the Rockfish Program.

The Rockfish Program Fishery – Limited Access Fishery is authorized from 1200 hours, A.I.t., July 1 through 1200 hours, A.I.t., November 15. The fishery closes once the allocation is met or exceeded. If the annual catch amount assigned to the fishery is small, and forecast harvest rate is high, NMFS may not open a limited access fishery if it is likely that participants in the limited access fishery would exceed their allocation.

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

FAX: (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 INFORMATION

Applicant's name and NMFS person ID

Tax ID number

Permanent business mailing address, business telephone number, fax number, and e-mail address (if available);

Indicate (YES or NO) whether applicant is a U.S. citizen; if YES, enter date of birth.

Indicate (YES or NO) whether applicant is a U.S. corporation, partnership, association, or other business entity; if YES, enter date of incorporation.

Indicate (YES or NO) whether the applicant is an Eligible Rockfish Harvester;

Indicate (YES or NO) whether the applicant is participating in the Rockfish Limited Access Fishery;

BLOCK B. VESSEL INFORMATION

Name, Alaska Department of fish and Game (ADF&G) vessel registration number, and

United States Coast Guard (USCG) documentation number of the vessel

License Limitation Program (LLP) license number(s) held by the applicant and used on that vessel.

BLOCK C. LLP HOLDERSHIP

Names of all persons, to the individual level, holding an ownership interest in the LLP

Percentage ownership each person and individual holds in the LLP.

BLOCK D. APPLICANT SIGNATURE AND DATE

Signature of applicant and date signed

Printed name of applicant (or authorized representative); if representative, attach authorization

<p>Application to Opt Out of Rockfish Fishery</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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This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to opt-out of a rockfish fishery, or if sent by U.S. mail, the application must be postmarked by that time.

BLOCK A -- APPLICANT INFORMATION		
1. Applicant name		2. NMFS person ID
		3. Tax ID number
4. Permanent business mailing address		
5. Business telephone number	6. Business FAX number	7. e-mail address (if available)
8. Is the applicant a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of birth _____		
9. Is the applicant a U.S. corporation, partnership, association, or other business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter date of incorporation: _____		
10. Is the applicant an Eligible Rockfish Harvester? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Is the applicant opting-out of the Rockfish Pilot Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Does the applicant hold an LLP license with Rockfish QS assigned to the catcher/processor sector? <input type="checkbox"/> YES <input type="checkbox"/> NO		

BLOCK B -- VESSEL INFORMATION	
1. Name of vessel	2. ADF&G No.
	3. USCG No.
	4. LLP license number(s)

BLOCK C -- LLP HOLDERSHIP DOCUMENTATION

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license and the percentage ownership each person and individual holds in the LLP license.

Name	% Ownership in LLP License

BLOCK D -- 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 is true, correct, and complete.

1. Signature of Applicant (or Authorized Representative)	2. Date
3. Printed Name of Applicant (or Authorized Representative); if representative, attach authorization	

PUBLIC REPORTING BURDEN STATEMENT

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Instructions
Application to Opt Out of Rockfish Fishery

An Eligible Rockfish Harvester who wishes to Opt-out of the Rockfish Program for a calendar year with an License Limitation Program (LLP) license assigned a Catch History Allocation in the Catcher/Processor Sector must submit an Application to Opt-out. This application must be submitted annually and received by NMFS no later than 1700 hours A.l.t. on **March 1** of the year for which the applicant wishes to opt-out of a rockfish fishery, or if sent by U.S. mail, the application must be postmarked by that time.

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**

FAX: (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 INFORMATION

Name and NMFS person ID

Tax ID number

Permanent business mailing address

Business telephone number, fax number, and e-mail address (if available).

Indicate (YES or NO) whether applicant is a U.S. citizen; if YES, provide date of birth.

Indicate (YES or NO) whether applicant is a U.S. corporation; if YES, provide date of incorporation

Indicate (YES or NO) whether the applicant is an Eligible Rockfish Harvester.

Indicate (YES or NO) whether the applicant is opting-out of the Rockfish Pilot Program.

Indicate (YES or NO) whether the applicant holds an LLP license with Rockfish QS assigned to the catcher/processor sector.

BLOCK B. VESSEL INFORMATION

Name, Alaska Department of Fish and Game (ADF&G) vessel registration number, and

United States Coast Guard (USCG) documentation number of the vessel

LLP license number(s) held by the applicant and used on that vessel.

BLOCK C. LLP HOLDERSHIP DOCUMENTATION

Names of all persons, to the individual level, holding an ownership interest in the LLP license

Percentage ownership each person and individual holds in the LLP license.

BLOCK D. APPLICANT CERTIFICATION

Signature of applicant (or authorized representative) and date signed

Printed name of applicant (or authorized representative); if representative, attach authorization