

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 10/08/2008

Department of Commerce  
National Oceanic and Atmospheric Administration  
FOR CERTIFYING OFFICIAL: Suzanne Hilding  
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/24/2008

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection  
TYPE OF REVIEW REQUESTED: Regular  
ICR REFERENCE NUMBER: 200808-0648-005  
AGENCY ICR TRACKING NUMBER:  
TITLE: Alaska Region Amendment 80 Permits and Reports  
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change  
OMB CONTROL NUMBER: 0648-0565

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 08/31/2010

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	1,062	896	2,731
New	1,062	891	2,732
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	-5	0
Change due to Agency Adjustment	0	0	1
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official:

Kevin F. Neyland  
Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Application for cooperative and cooperative quota permit	NA	Application for Cooperative and Cooperative Quota Share	
Application for limited access fishery	NA	Application for Limited Access Fishery	
Application to transfer quota share	NA	Quota share transfer	
Application for transfer of cooperative quota	NA	Cooperative share transfer	
Cooperative catch report	NA	Cooperative Catch Report	
Annual Cooperative Catch Report			50 CFR 679
Appeals			50 CFR 679
Application for Quota Share	NA	Application for Quota Share	

**CHANGE REQUEST**  
**ALASKA REGION AMENDMENT 80 PERMITS AND REPORTS**  
**OMB CONTROL NO. 0648-0565**

National Marine Fisheries Service (NMFS) manages the U.S. groundfish fisheries of the Bering Sea and Aleutian Islands (BSAI) in the Exclusive Economic Zone under the Fishery Management Plan (FMP) for Groundfish of the Bering Sea and Aleutian Islands Management Area. The FMP was prepared by the North Pacific Fishery Management Council under the [Magnuson-Stevens Fishery Conservation and Management Act](#) as amended by [Public Law 108-199](#), section 801. Regulations implementing these procedures are located at [50 CFR part 679](#).

In response to Industry requests for new data collection methods that would allow them to react quickly to changing conditions and to realize harvesting efficiencies, NMFS would change certain transfer procedures and regulations to provide an option for transfer requests to be submitted through automated, online submittals.

Amendment 80 to the FMP primarily allocates BSAI non-pollock trawl groundfish fisheries among fishing sectors and facilitates the formation of harvesting cooperatives in the head-and-gut trawl catcher/processor sector. An Amendment 80 cooperative may transfer all or part of its cooperative quota (CQ) to another rockfish cooperative. In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative prior to the transfer. Currently, the transfer request may be submitted by mail, fax, or courier. *This action adds an option for online submission for inter-cooperative transfer requests.*

Providing the Amendment 80 Program cooperatives with an online opportunity for transfers slightly reduces the burden (4 hr) and due to correction of a previous calculation error, slightly increases the cost (\$3) for participants, and increases accuracy of the data and efficiency of the process. NOTE: When using the online submittal method, the respondent must provide a NMFS Person ID and transfer key and these take the place of certifications required when not submitting online. These two pieces of information are provided by NMFS after an applicant is approved for participation in the Amendment 80 Program. Application forms are available through the Internet on the NMFS Alaska Region Web site at <http://www.alaskafisheries.noaa.gov>, or by contacting NMFS at (800) 304-4846, Option 2.

The NMFS Alaska Region will submit a proposed rule, RIN 0648-AW56, Fisheries of the Exclusive Economic Zone Off Alaska; Western Alaska Community Development Quota Program, Rockfish Program, the Amendment 80 Program, and the Bering Sea and Aleutian Islands Crab Rationalization Program, coincident with this submission, requesting comments from the public.



**Application For  
 INTER-COOPERATIVE  
 TRANSFER OF AMENDMENT 80  
 COOPERATIVE QUOTA (CQ)**

U.S. Dept. of Commerce/NOAA  
 National Marine Fisheries Service (NMFS)  
 Restricted Access Management (RAM)  
 P.O. Box 21668  
 Juneau, AK 99802-1668



***BLOCK A – TRANSFEROR COOPERATIVE INFORMATION***

1. Name of Transferor		2. NMFS Person ID
3. Name of Designated Representative		
4. Permanent Business Mailing Address		5. Temporary Business Mailing Address
6. Business Telephone Number:	7. Business Fax Number:	8. e-mail Address (if available)
9. Has transferor submitted an EDR, if required to do so under § 679.94? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>		

***BLOCK B – TRANSFEREE COOPERATIVE INFORMATION***

1. Name of Transferee		2. NMFS Person ID
3. Name of Designated Representative		
4. Permanent Business Mailing Address		5. Temporary Business Mailing Address
6. Business Telephone Number:	7. Business Fax Number:	8. e-mail Address (if available)

9. Has transferee submitted an EDR, if required to do so under § 679.94?

YES

NO

NOT APPLICABLE

**BLOCK C<sup>1</sup> – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)  
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)  
(To Be Completed By Transferor)**

If Transfer Application is for more CQ than the space provided on this form allows, **duplicate this page** as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C<sup>1</sup> to cooperative members in Block C<sup>2</sup>.

Amendment 80 Species CQ		Amendment 80 PSC CQ		Number of QS units
Type of CQ (Area/Species)	Amount (mt)	Type of PSC (Area/Species)	Amount (mt)	

**BLOCK C<sup>2</sup> – IDENTIFICATION OF COOPERATIVE MEMBER(S)  
(To Be Completed By Transferee)**

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

**BLOCK C<sup>1</sup> – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA (CQ)  
TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)  
(To Be Completed By Transferor)**

If Transfer Application is for more CQ than the space provided on this form allows, **duplicate this page** as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C<sup>1</sup> to cooperative members in Block C<sup>2</sup>.

Amendment 80 Species CQ		Amendment 80 PSC CQ		Number of CQ units
Type of CQ (Area/Species)	Amount (mt)	Type of PSC (Area/Species)	Amount (mt)	

**BLOCK C<sup>2</sup> – IDENTIFICATION OF COOPERATIVE MEMBER(S)  
(To Be Completed By Transferee)**

The Transferee's Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. **Duplicate this page** as necessary.

1. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
2. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
3. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
4. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
5. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:
6. Name of Qualifying Member (print):	NMFS Person ID:	Species:	Amount of CQ:

**BLOCK D – CERTIFICATION OF TRANSFEROR (SELLER)**

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

1. Signature of Transferor Designated Representative:

2. Date:

3. Printed Name of Transferor Designated Representative; attach authorization:

**BLOCK E – CERTIFICATION OF TRANSFEREE (BUYER)**

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

1. Signature of Transferee Designated Representative:

2. Date:

3. Printed Name of Transferee Designated Representative; attach authorization:

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**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting for this collection of information is estimated to average 2 hours per response (1 hour if submitting online), 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.*) as amended by Public Law 109-479; 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**Instructions for  
APPLICATION FOR TRANSFER  
OF AMENDMENT 80 COOPERATIVE QUOTA**

**GENERAL INFORMATION**

In order for an inter-cooperative transfer to be approved, both parties must be already established and recognized by NMFS as a cooperative. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer of CQ is not effective until approved by NMFS.

An Amendment 80 cooperative may transfer all or part of its CQ to another Amendment 80 cooperative. Amendment 80 cooperatives may transfer CQ during a calendar year with the following restrictions:

- ◆ An Amendment 80 cooperative may only transfer CQ to another Amendment 80 cooperative.
- ◆ An Amendment 80 cooperative may only receive CQ from another Amendment 80 cooperative.
- ◆ An Amendment 80 cooperative receiving Amendment 80 species CQ by transfer must assign that Amendment 80 species CQ to a member(s) of the Amendment 80 cooperative for the purposes of use caps calculation as established under § 679.92(a).

This application cannot be processed or approved unless all parties to the proposed transfer (including the proposed transferor, the proposed transferee, and the receiving Qualifying Member) have met all the requirements and conditions of the Amendment 80 Program. Any person who held an Amendment 80 CQ permit during a calendar year must submit to NMFS an EDR for that calendar year for each Amendment 80 CQ permit held by that person (see § 679.94).

To request that a printed Amendment 80 EDR be mailed to you (at no cost), contact

NMFS, Alaska Fisheries Science Center  
Amendment 80 Economic Data Reports  
7600 Sand Point Way NE, F/AKC2  
Seattle, WA 98115.

Fax: 206-526-6723

Telephone: 206-526-6414

EDR forms are available through the Internet on the NMFS Alaska Region Web site at <http://www.alaskafisheries.noaa.gov>

A completed EDR must be received by NMFS no later than 1700 hours A.l.t. on June 1 of the year following the calendar year during which the Amendment 80 CQ permit was held, or if sent by U.S. mail, postmarked by that date.



## ADDITIONALLY

- ◆ Print information in the application legibly in ink or type information.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.
- ◆ Submit the completed application:

By mail to: **Alaska Region, NOAA Fisheries (NMFS)  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**

By fax to: **RAM at 907-586-7354**

Applications may be faxed to RAM at 907-586-7354; however, permits will not be returned by fax. The original, signed permit must be on board the vessel.

By Internet to: <https://alaskafisheries.noaa.gov>

Or, hand deliver to:

**NOAA Fisheries  
Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

**Website:** <http://www.alaskafisheries.noaa.gov/ram/default.htm>

**Telephone (toll free): 800-304-4846 (press “2”)**

**Telephone (in Juneau): 907-586-7202 (press “2”)**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

## COMPLETING THE FORM

An application for CQ transfer requires that the following information be provided:

### **BLOCK A – TRANSFEROR COOPERATIVE INFORMATION**

- 1-2. Name and NMFS Person ID of Transferor
3. Name of Transferor’s designated representative
- 4-5. Permanent business mailing address and temporary business mailing address (if appropriate)

- 6-8. Business telephone number, business fax number, and e-mail address (if available)
9. Indicate whether transferor submitted an EDR, as required under § 679.94.

**BLOCK B – TRANSFEREE COOPERATIVE INFORMATION**

- 1-2. Name and NMFS Person ID of Transferee
3. Name of Transferee’s designated representative
- 4-5. Permanent business mailing address and temporary business mailing address (if appropriate)
- 6-8. Business telephone number, business fax number, and e-mail address (if available)
9. Indicate whether transferee submitted an EDR, as required under § 679.94.

**BLOCK C<sup>1</sup> – IDENTIFICATION OF AMENDMENT 80 COOPERATIVE QUOTA TO BE TRANSFERRED (LEASE) TO COOPERATIVE MEMBER(S)**

(To Be Completed By Transferor)

If Transfer Application is for more CQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application. Distribute the CQ identified in Block C<sup>1</sup> to cooperative members in Block C<sup>2</sup>.

1. For each Amendment 80 species, enter:
  - Type (area/species) of CQ
  - Amount (mt) of CQ
  - Number of CQ units
  
2. For each Amendment 80 PSC species, enter:
  - Type (area/species) of CQ
  - Amount (mt) of CQ
  - Number of CQ units

**BLOCK C<sup>2</sup> – IDENTIFICATION OF COOPERATIVE MEMBER(S)**

(To Be Completed By Transferee)

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Cooperative to whom the CQ pounds being transferred will be attributed. If attributing the CQ amount to the Qualifying Member(s) would cause the member to exceed a CQ cap, a different Qualifying Member must be identified. Duplicate this page as necessary.

For each qualifying member, enter name (print), NMFS Person ID, Species, and Amount of CQ.

**BLOCK D – CERTIFICATION OF TRANSFEROR**

Printed name and signature of Transferor Designated Representative and date signed.

**BLOCK E – CERTIFICATION OF TRANSFEREE**

Printed name and signature of Transferee Designated Representative and date signed.