

<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

If the LLP License Holder (Applicant) is not an individual (i.e. is a corporation, partnership or some other entity) the name(s) of all owners of the Applicant must be provided, together with the percent of ownership. In the space below, enter all of the names of all of the owners of the Applicant, and indicate the percent of ownership. If a listed owner is not an individual, provide the same information for each such owner until all owners, and their percent of ownership, is revealed to the individual level.

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

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 to Opt Out of Rockfish Fishery

An Eligible Rockfish Harvester who wishes to Opt-out of the Rockfish Program for a calendar year with a 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

If the LLP License Holder (Applicant) is a non-individual (i.e., a corporation, partnership or other entity), provide the names of, and the percentage of ownership held by, all of its owners. Information should be provided to the individual level. See example below:

Name of Owner	% Interest
Joe Potpuller	25%
Alice Potpuller	25%
LLP Family Holdings, Inc.	50%
C. LLPholder	25% (of 50%)
R. LLPholder	25% (of 50%)
A. LLPholder	25% (of 50%)
B. LLPholder	25% (of 50%)

Duplicate the form, or attach a separate sheet of paper if necessary to display all of the Applicant’s owners (and owners of the Applicant’s owners to the individual level).

BLOCK D. APPLICANT CERTIFICATION

Signature of applicant (or authorized representative) and date signed

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