


<p><b>Application for</b></p> <p><b>TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES</b></p>	<p><b>U.S. Department of Commerce</b>  <b>NOAA Fisheries Service, Alaska Region</b>  <b>Restricted Access Management (RAM)</b>  <b>Post Office Box 21668</b>  <b>Juneau, Alaska 99802-1668</b></p> 
---	--

Notes:

1. Applications to transfer Individual Fishing Quota from one Crab Harvesting Cooperative to another will not be processed in a crab season until after Individual Fishing Quota (IFQ) amounts for that season have been calculated and issued.
2. This form may only be used to apply for a transfer of IFQ from one Crab Harvesting Cooperative to another; all other applications for transfers must be submitted on an appropriate transfer application form.

***BLOCK A – IDENTIFICATION OF PROPOSED TRANSFEROR (“LESSOR”)***

1. Name of Crab Harvesting Cooperative:	2. NMFS Person ID:	
3. Name of Crab Harvesting Cooperative’s Authorized Representative (print):		
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone Number:	7. Business Fax Number:	8 E-Mail Address:

***BLOCK B – IDENTIFICATION OF PROPOSED TRANSFEREE (“LESSEE”)***

1. Name of Crab Harvesting Cooperative:	2. NMFS Person ID:	
3. Name of Crab Harvesting Cooperative’s Authorized Representative:		
4. Permanent Business Mailing Address:	5. Temporary Business Mailing Address (see instructions):	
6. Business Telephone Number:	7. Business Fax Number:	8: E-Mail Address:

**BLOCK B<sub>1</sub> – IDENTIFICATION OF PROPOSED TRANSFEREE’S QUALIFYING MEMBER(S)**

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member(s) would cause the member to exceed an IFQ cap, a different Qualifying Member must be identified. Attach additional pages if necessary.

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

1. Name of Qualifying Member (print):	2. NMFS Person ID:
3. Permit number: (from Block C):	4. Amount of IFQ:

**BLOCK C – IDENTIFICATION AND COST OF IFQ TO BE TRANSFERRED (LEASE)**

If Transfer Application is for more IFQ than the space provided on this form allows, duplicate this page as necessary to include all intended transfers with one application.

1. Identification of Individual Fishing Quota (IFQ) to be transferred:

Permit Number      Fishery      Sector      Region      Class (A or B)      IFQ Pounds

Complete the following for the IFQ identified above. If the transfer is part of a group of transfers for one consolidated price, determine the value of each segment and report it below. This information is being collected to facilitate analysis of the performance of the Crab Rationalization Program and will be held in strictest confidence.

2. What is the price per pound of IFQ, including all fees and other transaction costs? \$ \_\_\_\_\_  
(Price divided by pounds)

3. Is a Permit Broker being used for this transaction? Yes [ ] No [ ]

If "Yes," how much is being paid in broker fees? \$ \_\_\_\_\_; or \_\_\_\_\_% of total price of IFQ

1. Identification of Individual Fishing Quota (IFQ) to be transferred:

Permit Number      Fishery      Sector      Region      Class (A or B)      IFQ Pounds

Complete the following for the IFQ identified above. If the transfer is part of a group of transfers for one consolidated price, determine the value of each segment and report it below. This information is being collected to facilitate analysis of the performance of the Crab Rationalization Program and will be held in strictest confidence.

2. What is the price per pound of IFQ, including all fees and other transaction costs? \$ \_\_\_\_\_  
(Price divided by pounds)

3. Is a Permit Broker being used for this transaction? Yes [ ] No [ ]

If "Yes," how much is being paid in broker fees? \$ \_\_\_\_\_; or \_\_\_\_\_% of total price of IFQ

1. Identification of Individual Fishing Quota (IFQ) to be transferred:

<u>Permit Number</u>	<u>Fishery</u>	<u>Sector</u>	<u>Region</u>	<u>Class (A or B)</u>	<u>IFQ Pounds</u>
----------------------	----------------	---------------	---------------	-----------------------	-------------------

Complete the following for the IFQ identified above. If the transfer is part of a group of transfers for one consolidated price, determine the value of each segment and report it below. This information is being collected to facilitate analysis of the performance of the Crab Rationalization Program and will be held in strictest confidence.

2. What is the price per pound of IFQ, including all fees and other transaction costs? \$ \_\_\_\_\_  
 (Price divided by pounds)

3. Is a Permit Broker being used for this transaction? Yes [  ] No [  ]

If "Yes," how much is being paid in broker fees? \$ \_\_\_\_\_; or \_\_\_\_\_% of total price of IFQ

**BLOCK D<sub>1</sub> – SIGNATURE OF PROPOSED TRANSFEROR (“LESSOR”)**

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

1. Signature of Authorized Representative of the Crab Harvesting Cooperative:

2. Date Signed:

3. Printed Name of Authorized Representative of the Crab Harvesting Cooperative:

**ATTEST:**

**NOTARY STAMP OR SEAL**

\_\_\_\_\_  
 Signature of Notary Public

Commission Expires: \_\_\_\_\_

**BLOCK D<sub>2</sub> – SIGNATURE OF PROPOSED TRANSFEREE (“LESSEE”)**

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

1. Signature of Authorized Representative of the Crab Harvesting Cooperative:

2. Date Signed:

3. Printed Name of Authorized Representative of the Crab Harvesting Cooperative:

**ATTEST:**

**NOTARY STAMP OR SEAL**

\_\_\_\_\_  
Signature of Notary Public

Commission Expires: \_\_\_\_\_

---

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information, subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 104(b) of the Magnuson-Stevens Act (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.

---

## Instructions

### APPLICATION FOR TRANSFER OF INDIVIDUAL FISHING QUOTA (IFQ) BETWEEN CRAB HARVESTING COOPERATIVES

#### General Information

This application can not be processed or approved unless the 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 BSAI Crab Rationalization Program, including (as appropriate):

- submission of Economic Data Reports to the NMFS Data Collection Agent; and,
- payment of all outstanding fees to NMFS.

The application will not be processed or approved unless it is complete; in addition to providing the information required by the Application for Transfer form, a complete application includes a copy of the terms and conditions of the transfer agreement; such documentation may consist of a bill of sale, promissory note, or other document that reveals the contract terms between the parties.

Additionally (and as stated on Page 1 of the Form):

1. Applications to transfer Individual Fishing Quota from one Crab Harvesting Cooperative to another will not be processed in a crab season until after Individual Fishing Quota (IFQ) amounts for that season have been calculated and issued.
2. This form may only be used to apply for a transfer of IFQ from one Crab Harvesting Cooperative to another; all other applications for transfers must be submitted on an appropriate transfer application form.

Please insure that all information provided on the form, or with the form, is clear and legible. Please note that an application that does not bear the original, notarized, signature of an authorized representative of the proposed transferor and the proposed transferee will not be processed.

Allow up to ten (10) working days for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval of the transfer.

When completed, mail (or deliver) the application to:

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

Items will be sent 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, which may be reached at the above address or as follows:

**Telephone (toll free): 800-304-4846 (press "2")**  
**Telephone (in Juneau): 907-586-7202 (press "2")**  
**Fax: 907-586-7354**  
**E-Mail: RAM.Alaska@noaa.gov**

## Completing the Form

### **Block A – Identification of Proposed Transferor (“Lessor”)**

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to transfer the IFQ to another Crab Harvesting Cooperative;
2. Enter the Cooperative’s NMFS “Person ID” number;
3. Enter (print) the name of the Cooperative’s Authorized Representative.
4. Enter the Cooperative’s Permanent Business Mailing Address.
5. Enter the Cooperative’s Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent);
- 6 – 8. Enter the Cooperative’s business telephone number, business fax number, and e-mail address.

### **Block B – Identification of Proposed Transferee (“Lessee”)**

1. Enter the full, legal, business name of the Crab Harvesting Cooperative that intends to receive the IFQ from another Crab Harvesting Cooperative;
2. Enter the Cooperative’s NMFS “Person ID” number;
3. Enter (print) the name of the Cooperative’s Authorized Representative.
4. Enter the Cooperative’s Permanent Business Mailing Address.
5. Enter the Cooperative’s Temporary Business Mailing Address (this is the address, if different from #4, to which the applicant wishes materials to be sent);
- 6 – 8. Enter the Cooperative’s business telephone number, business fax number, and e-mail address.

### **Block B<sub>1</sub> – Identification of Proposed Transferee’s Qualifying Member(s)**

The Transferee’s Qualifying Member(s) is the member(s) of the receiving Crab Harvesting Cooperative to whom the IFQ pounds being transferred will be attributed. If attributing the IFQ amount to the Qualifying Member would cause the member to exceed an IFQ cap, or if the designated person is otherwise ineligible, the proposed transferee will be notified and will be asked to identify a different Qualifying Member(s).

1. Enter the name of the proposed Transferee’s Qualifying Member.
2. Enter the Qualifying Member’s NMFS Person ID.
3. Enter the permit number from Block C.
4. Enter the IFQ attributed to the member.

**Note: Attach additional pages with Qualifying Member’s names and NMFS ID’s as necessary.**

### **Block C – Identification and Cost of Individual Fishing Quota to be Transferred**

1. Enter the BSAI Crab Rationalization fishery (code), the IFQ permit number, the IFQ class (“A” or “B”), and the number of IFQ pounds that are intended to transfer.
2. Enter the price/pound of the Individual Fishing Quota, including all fees and other transaction costs.
3. Indicate whether a permit broker was used to facilitate this transfer; if so, enter the broker fees as either a “lump sum” (how much was paid to the Broker) or as a percentage of the total price.

Repeat this information for all IFQ pounds that are intended to be transferred. If more space is needed, duplicate Block C as may be necessary.

### **Blocks D<sub>1</sub> and D<sub>2</sub> – Signature of the Proposed Transferor and Proposed Transferee**

- 1 – 3. Complete the Signature Blocks as prompted on the Form.

**Note** that, to be considered, the application must bear original signatures of the Authorized Representatives of the Proposed Transferor and the Proposed Transferee and the signatures must be witnessed by a Notary Public.