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**QS/IFQ BENEFICIARY
DESIGNATION
FORM**

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U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management Program
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 - INSTRUCTIONS

- QS holders may provide NMFS with the name of a designated beneficiary to receive survivorship transfer privileges in the event of the QS holder's death.
- If the QS holder **does not** leave a surviving spouse, he/she may name an **immediate family member** to be the beneficiary.
- NMFS will allow the transfer of IFQ only (lease) of any QS/IFQ transferred to the beneficiary by right of survivorship, for a period of 3 years following the death of the original QS holder.
- Use this form to designate the surviving spouse, or in the absence of a surviving spouse, an immediate family member to be the beneficiary for these purposes.
- **QS/IFQ can only be held by a U.S. citizen**.

BLOCK B - IDENTIFICATION OF QS HOLDER

Name:	NMFS Person ID:
Date of Birth:	SSN (required) or Tax ID Number:

Business Mailing Address:

Home Phone:	Business Phone:	Fax:

BLOCK C - NAME OF BENEFICIARY

Name:	NMFS Person ID (If applicable):
Date of Birth:	SSN (required) or Tax ID Number:

Business Mailing Address:

Home Phone:	Business Phone:	Fax:

BLOCK D - RELATIONSHIP OF BENEFICIARY TO QS HOLDER

Is the beneficiary named on this form the spouse of the QS holder?   Yes [ ]   No [ ]

If No, what is the immediate relationship of the beneficiary to the QS holder:_____

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.

Signature of QS holder:	Date:

Printed Name of QS Holder (**Note:** If this is completed by an agent, attach agent authorization):

Notary Public: **ATTEST**	Affix Notary Stamp or Seal Here:
Commission Expires:	

Privacy Act Statement: The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government. This information is also used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits issued under 50 CFR Part 679.

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PUBLIC REPORTING BURDEN STATEMENT

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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 estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

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ADDITIONAL INFORMATION

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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.