

**Subsistence Halibut  
Registration Certificate Application**

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



**Block A - Type of Subsistence Halibut Registration**

Are you applying for a new SHARC or a renewal of an existing SHARC?      **New**      **Renewal**

If renewal, enter current SHARC number: \_\_\_\_\_

Please indicate the type of registration under which you are applying (mark only one)

**Rural Resident Registration** (complete Block B, sign and date block C.1.)

*A Rural Resident* means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a person domiciled in a rural community, as listed in 50 CFR Part 300.65(g)(1), reprinted as Attachment 1 to this form, who has maintained a domicile in a rural community for 12 consecutive months immediately preceding the time when the assertion of residence is made and who is not claiming residency in another state, territory, or country. **A rural SHARC may not be issued to anyone who does not reside within the municipal or census boundaries for an eligible rural community, or has not resided within those boundaries for 12 consecutive months.**

**Alaska Native Tribal Registration** (complete Block B, sign and date block C.2.)

*Alaska Native tribe* means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a Federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(g)(2) of this part. **A tribal SHARC may not be issued to anyone who is not a member of an Alaska Native Tribe as defined in 50 CFR 300.65(g)(2).**

**INCOMPLETE APPLICATIONS WILL RESULT IN DELAYED PROCESSING. BE SURE TO COMPLETE BLOCK B AND SIGN YOUR APPLICATION (SEE BLOCK C). UNSIGNED APPLICATIONS WILL NOT BE PROCESSED**

**Block B - Alaska Rural or Alaska Native Tribal Subsistence Registrant Information**

1. Name of Fisherman (First, Middle, Last)	2. Birth Date (mm/dd/yyyy)	3. Social Security Number (voluntary)
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4. a. Mailing Address (Street, City, State, Zip Code)          b. Daytime Telephone Number	<p><b>Alaska Native Tribal Applicants Only:</b></p> <p>5. Name of Alaska Native Tribe</p>
	<p>6. a. Community of Residence (<b>must be completed by both rural and tribal applicants</b>)</p> <p>_____</p> <p>b. Dates of residence in this community</p> <p>___/___/___ to ___/___/___</p>

***Block C – Certification Of Eligibility***

**C. 1. Rural Resident:** I certify, under penalties of perjury, that I am a Rural Resident as defined at 50 CFR 300.65(g)(1) and that to the best of my knowledge and belief all information contained on this application is true, correct and complete.

Signature of Rural Applicant

Date:

**C.2. Alaska Native Tribe:** I certify, under penalties of perjury, that I am a member of an Alaska Native Tribe as defined at 50 CFR 300.65(g)(2) and that to the best of my knowledge and belief all information contained on this application is true, correct, and complete.

Signature of Tribal Applicant

Date:

**Privacy Act Statement:** Federal regulations at 50 CFR part 300.60 through 300.66 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Pacific halibut subsistence registrants. Where the requested information is a Social Security number (SSN), disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records. The birthdate and SSN are confidential under the Privacy Act.

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing the instructions, searching 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 Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

***ADDITIONAL INFORMATION***

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to monitor the Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage subsistence halibut program in Alaska; 4) Submission of this information is required of all persons seeking to participate in directed fishing for Pacific halibut under the subsistence halibut program; 5) Except for the social security number, which is voluntary, this information is mandatory and is required to monitor the subsistence halibut program under the Northern Pacific Halibut Act of 1982; 6) The birthdate and social security number are confidential under the Privacy Act.

## Instructions for Completing the Subsistence Halibut Registration Application

### Program Information

The Halibut Subsistence Fishery is authorized by Federal regulations at 50 CFR Part 300 and provides for eligible persons to conduct subsistence halibut fishing in Convention waters off Alaska.

***Subsistence halibut*** means halibut caught by a rural resident or a member of an Alaska Native tribe for direct personal or family consumption as food, sharing for personal or family consumption as food, or for customary trade.

Eligible persons are:

(1) residents of rural places. ***Rural Resident*** means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a person domiciled in a rural community, as listed in 50 CFR Part 300.65(f)(1)(reprinted as Attachment 1 to this form), who has maintained a domicile in a rural community for 12 consecutive months immediately preceding the time when the assertion of residence is made and who is not claiming residency in another state, territory, or country. **A SHARC may not be issued to anyone who does not reside within the municipal or census boundaries for an eligible rural community, or has not resided within those boundaries for 12 consecutive months.**

(2) all identified members of federally recognized Alaska Native tribes. ***Alaska Native tribe*** means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut and that is listed in 50 CFR 300.65(f)(2) (reprinted as Attachment 2 to this form).

### Completing the Application

#### ***Block A – Type of Subsistence Halibut Registration***

- Please indicate whether you are applying for a new SHARC or a renewal of an existing SHARC. If a renewal, please list your current SHARC number in the space provided.
- Check whether you, as an eligible person, are registering for subsistence halibut as an Alaska Rural Resident or as a member of a federally recognized Alaska Native tribe as defined for purposes of this program.
  - If applying as an Alaska Rural Resident, please complete Block B, sign and date Block C.1.
  - If applying as a member of a federally recognized Alaska Native tribe, complete Block B, sign and date Block C.2.

#### ***Block B – Alaska Rural or Alaska Native Tribal Subsistence Registrant Information***

**Note: Your application will not be processed if this section is not completed**

**All applicants are required to complete #1 – 4 and #6; only Alaska Native Tribal applicants must complete #4.**

1. Enter your full name (First, Middle, Last). Please include any suffixes such as Jr., Sr., etc.
2. Enter your date of birth (Month/Day/Year).

3. Social Security Number (voluntary). **Privacy Act Statement:** Federal regulations at 50 CFR part 300 authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Pacific halibut subsistence registrants. Where the requested information is a Social Security number, disclosure is voluntary; in the event it is not provided; NMFS will assign a unique code that will identify the records.

4a. Enter your **permanent** mailing address, including P.O. Box, street, state, and zip code. The SHARC will be sent to this address.

4.b. Enter a daytime telephone number, including area code.

5. **Alaska Native Tribal Applicants Only:** Enter the name of the Alaska Native Tribe of which you are a member that qualifies you as eligible to fish for subsistence halibut. This tribe must be one of the Alaska Native Tribes listed in 50 CFR 300.65(g)(2)--see Attachment 2.

6. Enter your Community of Residence (city and state).

- Rural applicants: this Community must be one of the rural communities listed in 50 CFR 300.65(g)(1) --see Attachment 1. Enter the dates of your residence in this community.
- Tribal applicants: List your current community of residence even if it is not one of the eligible rural communities.

### ***Block C – Certification of Eligibility***

C.1. Rural registrants: sign and date the application. You must sign and date the application certifying you are an eligible rural resident under 50 CFR 300.65(g)(1) and that all information contained in the application is true, correct, and complete to the best of your knowledge and belief. **The application will be considered incomplete without your signature and will not be processed.**

C.2. Tribal registrants: sign and date the application. You must sign and date the application certifying you are a member of an eligible Alaska Native Tribe under 50 CFR 300.65(g)(2) and that all information contained in the application is true, correct, and complete to the best of your knowledge and belief. **The application will be considered incomplete without your signature and will not be processed.**

Mail the completed application to:

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

Or deliver the completed application to:

**Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

You may also FAX your application to us at: (907) 586-7354

If you have questions when completing the application, please

- call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2),
- check our web site at [www.fakr.noaa.gov/ram](http://www.fakr.noaa.gov/ram), or
- e-mail your questions to [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov).

### **Special Handling of Certificates**

Please allow at least 10 days for processing your SHARC. You may FAX your application to us at (907) 586-7354, to expedite processing, or use the alternative methods mentioned below.

If you would like to have your SHARC sent by a method other than regular mail, please attach a note indicating a method, and follow the appropriate procedure below.

#### **Express Mail**

If you would like to have your SHARC sent to you by U.S. Postal Express Mail, send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope.

**NOTE:** If the express mail envelope you send is too small or the postage attached is less than the amount required, your SHARC will be sent to you by regular U.S. mail.

#### **Other Express Carriers**

If you would like to have your SHARC sent to you by a private express carrier, e.g., Federal Express, UPS, DHL, etc., submit your account number and name of carrier or a prepaid envelope with the permit application.