
	<p>APPLICATION FOR TRANSFER OF QS/IFQ BY SELF SWEEP-UP</p>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / (907) 586-7202 in Juneau (907) 586-7354 fax	
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BLOCK A - INSTRUCTIONS	BLOCK B - SWEEP UP LIMITS
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To complete a "Self Sweep-Up" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form. In the space provided, identify yourself and the blocks of Quota Share (QS) you wish to combine; sign and date the application in the presence of a Notary Public; attach the QS Holder Summary Report ; and submit all to RAM at the address above. NOTE: To be combined, QS must be in the same Vessel Category , and the resulting block size must not exceed the Sweep Up Limits (see Block B).		Halibut <u>Area</u> 2C 3A 3B 4A 4B 4C 4D	Quota Share <u>Units</u> 33,320 46,520 44,193 22,947 15,087 30,930 26,082		Sablefish <u>Area</u> SE WY CG WG AI BS	Quota Share <u>Units</u> 33,270 43,390 46,055 48,410 99,210 91,275
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BLOCK C - APPLICANT INFORMATION <i>(Type or Print legibly)</i>
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1. Name(full name):	2. NMFS Person ID:	
	3. Date of Birth:	
4. Business Mailing Address: <input type="checkbox"/> Permanent or <input type="checkbox"/> Temporary		
5. Business Telephone No.:	6. Business Fax No.:	7. E-mail address (if available):

BLOCK D - FIRST QUOTA SHARE BLOCK
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1. Halibut <input type="checkbox"/> or Sablefish <input type="checkbox"/>	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept-Up:
5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):	

BLOCK E - SECOND QUOTA SHARE BLOCK	
1. Halibut [] or Sablefish []	2. IFQ Regulatory Area:
3. Vessel Category:	4. Number of QS Units to be Swept up:
5. Numbered To and From (Serial Numbers are shown on the QS Holder Summary Report):	

BLOCK F - CERTIFICATION OF NOTARY AND APPLICANT	
I am a duly authorized representative of the applicant; by my signature below, I declare that I have examined this application in its entirety, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of QS holder or Authorized Agent:	2. Date:
3. Printed Name of QS Holder or Authorized Agent: Note: If this is completed by an agent, attach authorization:	
4. Notary Public (Signature): ATTEST	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2.0 hours 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99801.

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 as amended in 2006. 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 QS/IFQ
BY SELF SWEEP-UP

To complete a "**Self Sweep-Up**" (i.e., to combine two blocks that you currently hold), use this form instead of the standard Application for Transfer of QS/IFQ form.

NOTE: To be combined, QS must be in the same **Vessel Category**, and the resulting block size must not exceed the **Sweep Up Limits** (see Block B).

Attach the QS Holder Summary Report and submit by U.S. mail or courier with completed application. **RAM will not process faxed applications.** Submit to Restricted Access Management (RAM) at:

NMFS Alaska Region
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668

Please allow at least ten 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.

Note: It is important that all blocks are completed and all necessary documents are attached. Failure to answer any of the questions, provide attachments, or to have signatures notarized could result in delays in the processing of your application.

If you need additional information, call RAM at (800) 304-4846 (#2) or (907) 586-7202 (#2).

BLOCK C - APPLICANT INFORMATION

1. Enter full name
2. Enter NMFS Person ID
3. Enter Business Mailing Address and indicate whether permanent or temporary
4. Tax ID No, Employer ID Number, or Social Security Number
5. Date of Birth or Date of Incorporation
- 6-8. Business Telephone, Fax and if available E-mail Address

BLOCK D - FIRST QUOTA SHARE BLOCK

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. Enter IFQ Regulatory Area
3. Enter Vessel Category
4. Number of QS Units to be Swept up
5. Starting and ending serial number of shares to be transferred
[For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

BLOCK E -- SECOND QUOTA SHARE BLOCK

1. Identify the blocks of Quota Share (QS) you wish to combine – Halibut or Sablefish
2. Enter IFQ Regulatory Area
3. Enter Vessel Category
4. Number of QS Units to be Swept up
5. Starting and ending serial number of shares to be transferred
[For example, H-2C-C-B-123,456 *THROUGH* H-2C-C-B-789,493]

BLOCK F - CERTIFICATION OF NOTARY AND APPLICANT

1. Sign and print your name and date the application in the presence of a Notary Public. Application forms submitted to RAM must bear the original signatures of the parties — RAM will not process faxed applications.
2. Representatives signing for an Applicant must submit proof of authorization to submit this application on their behalf.
3. A Notary Public must Attest and affix Notary Stamp. The Notary Public cannot be the person(s) submitting this application.