
	<p><b>APPLICATION FOR                  ELIGIBILITY                  TO RECEIVE QS/IFQ</b></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 / 586-7202 in Juneau (907) 586-7354 fax	
---	---	--	---

This is a TWO-PAGE APPLICATION. The first page is for the applicant's personal information and notarized signature. Page two is for the applicant's fishing history. Please make copies of page two if more space is needed to document the applicant's participation of at least 150 days in U.S. commercial fisheries.

<b>BLOCK A - APPLICANT INFORMATION (TYPE OR PRINT)</b>			
1. Name (full name):	2. NMFS Person ID:		
	3. Taxpayer ID No. (Employer ID No. or SSN):		
4. Permanent Business Address:	5. Temporary Business Mailing Address (see instructions):		
6. Business Telephone Number:	7. Business Fax Number:	8. e-mail Address (if available):	
<p><b>Note: The Applicant must be a U.S. citizen or U.S. corporation, partnership, or other business entity to receive QS/IFQ by transfer.</b></p>			
9. Are you a U.S. citizen? <div style="display: flex; justify-content: space-between;"> <span>[ ] YES [ ] NO</span> <span>If YES, enter Date of Birth _____</span> </div>			
10. Are you a U.S. corporation, partnership, association or other business Entity? <div style="display: flex; justify-content: space-between;"> <span>[ ] YES [ ] NO</span> <span>If YES, enter Date of Incorporation _____</span> </div>			

<b>BLOCK B-- FREEZER SHARES</b>
Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?  Check One:    Yes [ ]            No [ ]
If YES, and you are a corporation, partnership, association, or other non-individual entity, please complete a <b>QS Holder: Identification of Ownership Interest</b> form.

**BLOCK C - NOTARY CERTIFICATION**

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 Applicant (or Authorized Agent):	2. Date:
3. Printed Name of Applicant (or Authorized Agent) ( <b>Note:</b> If this is completed by an agent, attach agent authorization.):	
4. Notary Public Signature: <b>ATTEST</b>	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

**BLOCK D - COMMERCIAL FISHING EXPERIENCE**

1. Species ( <b>one per block</b> ):	2. Gear Type:	3. Location:
4. Date From: (MMYY):	5. Date To (MMYY):	6. Number of <b>Actual</b> Days Spent Harvesting Fish:
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Fish ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:	9. ADF&G or U.S. Coast Guard Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name (person other than yourself):	13. Reference's Relationship to You:	
14. Reference's Business Mailing Address:		15. Reference's Business Telephone No.:

**BLOCK E - COMMERCIAL FISHING EXPERIENCE – CONTINUED**

1. Species (one per block):	2. Gear:	3. Location:
4. Date From: (MMYY)	5. Date To: (MMYY)	
6. Number of <b>Actual</b> Days Spent Harvesting Fish:		
7. Duties Performed While <b>Directly Involved</b> in the Harvesting of Fish ( <b>BE SPECIFIC</b> ):		
8. Vessel Name:	9. ADF&G or U.S. Coast Guard Number:	
10. Vessel Owner:	11. Vessel Operator:	
12. Reference Name (person other than yourself):	13. Reference's Relationship to You:	
14. Reference's Business Mailing Address:		15. Reference's Business Telephone No.:

This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 2 hours per response, including 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 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 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 Eligibility To Receive QS/IFQ

Those who wish to receive QS/IFQ by transfer but did not have QS initially awarded to them must submit this application for approval. Only those who have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery are eligible to receive a Transfer Eligibility Certificate (**TEC**). Work in support of harvesting but not directly related to it is not considered harvesting crew work. For example, experience as an engineer, cook, or preparing a vessel for a fishing trip does not satisfy the requirement.

Type or print legibly in ink and retain a copy of completed application for your records. **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.

When completed, mail the original application form to:

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

or deliver to:

**Room 713, Federal Building  
709 West 9th Street**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery

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

### ***BLOCK A - APPLICANT INFORMATION***

1. Name: Full name as it should appear on the TEC.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. TAX ID No. (Employer ID No. or SSN): Enter social security number (SSN) if applicant is an individual. Enter employer identification number if applicant is a corporation, partnership, association or other business entity.
4. Permanent Business Address: Enter permanent mailing address, including street or P.O. Box, city, state, and zip code.
5. Temporary Mailing Address: Enter the address you want the TEC documentation sent to if somewhere other than your permanent address. Include street or P.O. Box, city, state, and zip code.

- 6-7. Business Telephone Number and Fax Number: Enter the numbers including the area codes.
8. E-mail address (if available): Enter the e-mail address, if available.
9. Indicate whether you are a U.S. citizen. If YES, enter Date of Birth
10. Indicate whether you are a U.S. corporation, partnership, association or other business Entity. If YES, enter Date of Incorporation.

If YES, please complete a **Quota Share Holder: Identification of Ownership** form. You can download this form from our Internet web site at <https://alaskafisheries.noaa.gov/>, or you may call RAM at one of the numbers listed above and request the form be mailed or faxed to you.

### ***BLOCK B - FREEZER SHARES***

Indicate whether you are a person wishing to lease or purchase Freezer Vessel (Category A) Quota Shares ONLY, check "Yes."

If YES and you are a U.S. corporation, partnership, association or other non-individual entity, please complete a **Quota Share Holder: Identification of Ownership** form. You can download this form from our Internet web site at <https://alaskafisheries.noaa.gov/>, or you may call RAM at one of the numbers listed above and request the form be mailed or faxed to you.

*Note: You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

### ***BLOCK C - NOTARY CERTIFICATION***

Complete the appropriate Certification, following the guidance set out on the form; note that all information provided on the application is submitted under penalty of perjury.

RAM will not process an application that does not bear original signatures (faxed applications will be returned); all signatures must be witnessed by a Notary Public (or, in some remote areas, the community Postmaster or Postmistress).

An application submitted and signed by an agent for a party to the transfer will not be processed unless clear and unambiguous certification of the agent's authority to do so is provided

### ***BLOCKS D & E - COMMERCIAL FISHING EXPERIENCE***

*Note: If you need additional space to provide your commercial fishing experience, copy the second page of the application prior to completing these blocks.*

1. Species: Enter any targeted species in a U.S. commercial fishery (enter **only one fishery per block**).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date (including Month and Year)
5. Date To: Enter ending date (including Month and Year)

6. Number of Actual Days Spent Harvesting Fish: Enter **total days actually spent doing harvesting work during the claimed period in questions 4 and 5**.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.
8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or USCG Number: Enter the State of Alaska, Department of Fish & Game (ADF&G) vessel registration number or the U.S. Coast Guard (USCG) documentation number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (may be yourself) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (other than yourself) who is able to verify the above experience.
13. Reference's Relationship to You: Enter your reference's relationship to you.
14. Reference's Business Mailing Address: Enter your reference's business mailing address, including street or P.O. Box number, city, state, and zip code.
15. Reference's Business Telephone Number: Enter your reference's business telephone number, including the area code.