
 <p>APPLICATION FOR REGISTERED CRAB RECEIVER (RCR) PERMIT</p>	U.S. Department of Commerce/ NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668	
<p>NOTE: a separate permit is required, and a separate application must be submitted, for each Shoreside Processing Facility (SPF) and each Stationary Floating Crab Processor (SFP) operated by a processor. Only one permit (and one application) is needed for any number of the applicant's catcher/processor (CP) vessels.</p>		
<p>BLOCK A – NATURE OF THE RCR FOR WHICH YOU ARE APPLYING <i>To be completed by all applicants</i></p>		
<p>New Application [<input type="checkbox"/>] Renewal of existing RCR Permit [<input type="checkbox"/>] Amendment to existing RCR Permit [<input type="checkbox"/>] If application is a renewal or an amended application, provide current RCR permit number: No. _____</p>		
<p>BLOCK B – APPLICANT IDENTIFICATION <i>To be completed by all applicants</i></p>		
1. Name of Applicant:	2. NMFS Person ID:	
	3. Taxpayer ID No. (Employer ID No. or SSN):	
	4. Date of Birth or Date of Incorporation:	
5. Name of Contact Person (if Applicant is company, partnership or other business entity)		
6. Permanent Business Mailing Address:		
7. Business Telephone No.:	8. Business Fax No.:	9. Business E-mail Address: (if available):
<p>BLOCK C – TYPE OF ACTIVITY <i>(Facility/Vessel Identification)</i></p>		
1. Registered Crab Receiver Operation Type: Shoreside Processor [<input type="checkbox"/>] Stationary Floating Crab Processor [<input type="checkbox"/>] Owner or Operator of Catcher/Processor Vessel(s) [<input type="checkbox"/>]		
2. Identity of Crab Receiver Operation:		
If a Shoreside Processing Facility, enter:	Name of Processing Facility:	
	Physical Location of Facility:	

If a Stationary Floating Crab Processor, enter:	Name of Vessel:	
	Vessel ADFG Number:	
	Vessel's USCG Number:	
BLOCK D – INDIVIDUAL RESPONSIBLE FOR SUBMISSION OF ECONOMIC DATA REPORT (EDR)		
1. Name of designated representative		2. Date of Birth:
3. Business Mailing Address:		
4. Business Telephone No.:	5. Business fax No.:	6. Business E-mail (if available):
BLOCK E – SIGNATURE		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented herein is true, correct, and complete. (Note: If completed by an agent, attach authorization.)		
1. Signature of Applicant or Authorized Agent:		2. Date:
3. Printed Name of Applicant or Authorized Agent:		

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 30 minutes 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.

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 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 RCR PERMIT

An RCR permit must be issued to, and displayed by, any processor that receives crab. A separate permit is required (and a separate application must be submitted) for each Shoreside Processing Facility and each Stationary Floating Crab Processor (SFCP) operated by a processor. Only one permit (and one application) is needed for any number of the permit holder's catcher/processors. RCR permits are issued annually, for crab fishing years (July 1 through June 30).

Application forms and instructions are available on the NOAA Fisheries Service Alaska Region web site at <https://alaskafisheries.noaa.gov/>. A separate application must be submitted for each vessel upon which the applicant's IFQ permit is to be fished by a hired master.

Additionally:

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

When complete, mail the application to:

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

Or deliver to:

**NOAA Fisheries,
Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 99801**

COMPLETING THE FORM

BLOCK A – NATURE OF THE RCR FOR WHICH YOU ARE APPLYING

- Indicate in the space provided whether the application is for a new permit, a renewal or an amendment to an existing permit.
- If the application is a renewal or amendment, provide the current RCR permit number.

BLOCK B – APPLICANT IDENTIFICATION

1. Provide the name of the person applying to become an RCR.
2. Provide NMFS ID
3. Enter social security number (SSN) if applicant is an individual. Enter employer identification number (EIN) if applicant is a corporation, partnership, association or other non-individual business entity.

4. Enter date of birth if applicant is an individual; enter date of incorporation if applicant is a corporation, partnership, association or other non-individual business entity.
5. Provide the name of a contact person for the applicant, if the applicant is a corporation, partnership, association, or other non-individual business entity.
6. Provide the permanent business mailing address of the applicant. This is the address to which the RCR permit will be sent.
- 7-9. Provide the business telephone number, business fax number, and business e-mail address (if available) of the applicant.

BLOCK C – TYPE OF ACTIVITY (Facility/Vessel Identification)

1. Indicate the type of activity that the applicant intends to perform as an RCR. Applicant must check the activity that applies to the operation for which the application is submitted.
2. Identify the Shoreside Processing Facility or the SFCP for which the application is submitted. Provide identifying information as requested.

(Note: if the application is submitted for one or more catcher/processor vessels, only one RCR Permit is required).

BLOCK D – INDIVIDUAL RESPONSIBLE FOR SUBMISSION ECONOMIC DATA REPORT (EDR)

- ◆ All Registered Crab Receivers are responsible for submission of an EDR to Pacific States Marine Fisheries Commission, 205 SE Spokane, Suite 100, Portland, OR 97202. The annual EDR submission deadline is June 28.
- ◆ Payment of all outstanding fees to NMFS on or before July 31.

Each RCR must identify an individual who will be responsible for submission of this EDR on behalf of the RCR. The EDR will be sent to the individual identified on this application form. If the responsible individual changes during the crab fishing year, the RCR must submit an amended application naming a new responsible individual.

1. Provide the name of the person responsible for sending an EDR.
2. Enter date of birth.
3. Provide the permanent business mailing address.
- 4-6. Provide the business telephone number, business fax number, and business e-mail address (if available).

BLOCK E – SIGNATURE

1-3. Applicant must sign, print name, and enter date of the application. Representatives acting on behalf of an applicant must supply proof of authorization.