



APPLICATION FOR A NON-PROFIT CORPORATION TO BE DESIGNATED AS A COMMUNITY QUOTA ENTITY (CQE)

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



BLOCK A – Identification of Applicant

1. Name of Non-Profit Organization:		2. Taxpayer ID:	
4. Permanent Business Mailing Address:			
5. Name of Contact Person:	6. Business Phone:	7. Business Fax:	8. E-mail Address:
8. Name of Community Represented by Non-Profit:		9. Name of Contact Person for Community Governing Body	

BLOCK B – Required Information

The following information must be included as attachments to this application; the application will not be processed unless appropriate information and documentation is provided.

- The applicant’s Articles of Incorporation
- The applicant’s Corporate By-Laws
- A list of the applicant’s key personnel, including its Board of Directors and Officers
- The applicant’s Organizational Chart or, at a minimum, a written explanation that fully reveals the applicant’s line and staff responsibilities and relationships
- A statement designating the eligible Gulf of Alaska coastal community(ies) that the entity seeks to represent
- An explanation of how the applicant will manage QS/IFQ on behalf of the community(ies) it seeks to represent
- An explanation of the applicant’s administrative stability and competence, including the resumes of key management personnel
- An statement that explains the procedures that will be used to solicit requests from community residents to use (lease) annual IFQ held by the applicant and that sets out the criteria and procedures to be used to select from among those who have expressed a desire to use the IFQ

<input type="checkbox"/> Formal resolution from the community governing body (i.e., the city council if a municipality, the tribal governing body if not a municipality, or the non-profit community association if neither a municipality or a tribe) that unambiguously designates the applicant as the community's representative and CQE	
<i>BLOCK C – Certification</i>	
I am a duly authorized representative of the applicant; by my signature below, I attest that the applicant. 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.	
1. Signature of Applicant 's Authorized Agent:	2. Date:
3. Printed Name of Applicant's Authorized Agent:	
4. ATTEST (Signature of Notary Public):	6. Affix Notary Stamp or Seal Here:
5. Commission Expires:	

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 2 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 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 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 104(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.