

<h2 style="margin: 0;">Application for Rockfish Cooperative Fishing Quota (CQ)</h2>	U.S. Dept. of Commerce/ NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax
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A Rockfish Cooperative that submits a complete application that is approved by NMFS will receive a CQ permit that establishes an annual amount of primary rockfish species, secondary species, and rockfish halibut PSC that is based on the collective rockfish QS of the LLPs assigned to the rockfish cooperative by its members. A CQ permit will list the amount of CQ, by fishery, held by the Rockfish Cooperative, the members of the Rockfish Cooperative and LLP licenses assigned to that rockfish cooperative, and the vessels which are authorized to harvest fish under that CQ permit.

This application must be submitted annually by each Rockfish Cooperative and received by NMFS no later than March 1.

For the cooperative application to be considered complete, the following documents must be attached to the application:

- o A copy of the business license issued by the state in which the Rockfish Cooperative is registered as a business entity;
- o A copy of the articles of incorporation or partnership agreement of the Rockfish Cooperative;
- o A copy of the Rockfish Cooperative agreement signed by the members of the Rockfish Cooperative (if different from the articles of incorporation or partnership agreement of the Rockfish Cooperative).
- o Any article of incorporation or agreement submitted by the Rockfish Cooperative must include terms that specify that eligible rockfish processor affiliated harvesters do not participate in price setting negotiations except as permitted by general antitrust law and the Rockfish Cooperative has established a monitoring program sufficient to ensure compliance with the Rockfish Program.

BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION		
1. Rockfish Cooperative's legal name	2. Type of business entity under which the Rockfish Cooperative is organized	
3. Date of Incorporation	4. Tax ID number *	5. State in which the Rockfish Cooperative is legally registered as a business entity
6. Cooperative's Authorized Representative (please print legibly)		7. Permanent business address
8. Business telephone number	9. Business FAX number	10. E-mail address (if available)

*The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government.

BLOCK B – MEMBERS OF THE ROCKFISH COOPERATIVE

LLP Holder and Ownership Documentation

1. Full name	2. NMFS Person ID:
	3. LLP number(s):
	4. Tax ID*:

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) assigned to the rockfish cooperative and the percentage ownership each person and individual holds in the LLP license(s).

Name	% Ownership in LLP License

LLP Holder and Ownership Documentation

1. Full name	2. NMFS Person ID:
	3. LLP number(s):
	4. Tax ID*:

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.

Name	% Ownership in LLP License

LLP Holder and Ownership Documentation

1. Full name	2. NMFS Person ID:
	3. LLP number(s):
	4. Tax ID*:

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.

Name	% Ownership in LLP License

LLP Holder and Ownership Documentation

1. Full name	2. NMFS Person ID:
	3. LLP number(s):
	4. Tax ID*:

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.

Name	% Ownership in LLP License

LLP Holder and Ownership Documentation

1. Full name	2. NMFS Person ID:
	3. LLP number(s):
	4. Tax ID*:

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.

Name	% Ownership in LLP License

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER VESSELS

Vessel Name	ADF&G No.	USCG No.
Vessel Name	ADF&G No.	USCG No.
Vessel Name	ADF&G No.	USCG No.
Vessel Name	ADF&G No.	USCG No.
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Vessel Name	ADF&G No.	USCG No.
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Vessel Name	ADF&G No.	USCG No.
Vessel Name	ADF&G No.	USCG No.
Vessel Name	ADF&G No.	USCG No.

BLOCK D -- PROCESSOR ASSOCIATES OF THE ROCKFISH COOPERATIVE

1. Processor Name	2. NMFS Person ID
	3. Tax ID*

Shoreside Processing Facility

4. Facility Name	5. ADF&G processor code
	6. Federal processor permit No.

Stationary Floating Processor

7. Vessel Name	8. ADF&G No.	9. USCG No.
10. ADF&G processor code	11. Federal processor permit No.	

PROCESSOR OWNERSHIP INFORMATION

Provide the names of all persons, to the individual level, holding an ownership interest in the processor and the percentage ownership each person and individual holds in the processor. Attach additional pages if necessary.

Name	% Ownership in Processor

BLOCK E - CERTIFICATION OF COOPERATIVE AUTHORIZED REPRESENTATIVE

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information is true, correct, and complete. Attach authorized representative authorization.

1. Signature of Cooperative Authorized Representative

2. Date Signed

3. Printed Name of Cooperative Authorized Representative

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden 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 the 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 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

<p>Instructions for Application for Rockfish CQ</p>

A Rockfish Cooperative that submits a complete application and that is approved by NMFS will receive a Rockfish Cooperative allocation that establishes an annual catch limit of primary and secondary species based on the collective catch history holdings of the LLPs held and contributed by the members of the Rockfish Cooperative. A Rockfish Cooperative allocation will list the amount of allocation, by fishery, held by the Rockfish Cooperative and identify the members of the Rockfish Cooperative.

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed or faxed to:

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

FAX: (907) 586-7354

If you need additional information, contact Restricted Access Management at

(800) 304-4846 (#2) or (907) 586-7202 (#2).

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.

Submit a completed application for a Rockfish Cooperative allocation, including all amendments, such that they are received by NMFS **no later than March 1** to receive an allocation that may be used during the calendar year.

For the cooperative application to be considered complete, the following documents must be attached to the completed application:

- ≡ A copy of the business license issued by the state in which the Cooperative is registered as a business entity
- ≡ A copy of the articles of incorporation or partnership agreement of the Rockfish Cooperative
- ≡ A copy of the agreement signed by the members of the Rockfish Cooperative (if different from the articles of incorporation or partnership agreement)
- ≡ Any article of incorporation or agreement submitted by the Rockfish Cooperative must include terms that specify that:
 - The eligible processor does not participate in price setting negotiations except to the extent
 - permitted by general antitrust law; and
 - The Rockfish Cooperative has established a monitoring program sufficient to ensure
 - compliance with the Rockfish Pilot Program.

BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION

Legal name

Type of business entity under which organized

State in which legally registered as a business entity

Tax ID number* (required)

**The Debt Collection Improvement Act, in Section 7701 of title 31, United States Code requires collection of this information from each person doing business with a federal agency. This information is used for purposes of collecting and reporting any delinquent amounts arising out of such person's relationship with the government*

Date of Incorporation

Cooperative's Authorized Representative: Please list the name of the individual who will be conducting Cooperative business with NMFS.

Permanent business address, telephone number, facsimile number, and e-mail address (if available)

BLOCK B – MEMBERS OF ROCKFISH COOPERATIVE (this page may be copied to accommodate additional coop members)

Harvester identification

Full name and NMFS Person ID

LLP license number(s)

Tax ID number*

LLP Holdership Documentation

Names of all persons, to the individual level, holding an ownership interest in the License Limitation Program (LLP) license(s) assigned to the rockfish cooperative
Percentage ownership each person and individual holds in the LLP license(s).

BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER VESSELS

The Rockfish Cooperative must provide a list of any vessels that may be used by the cooperative to harvest CQ during the year for which CQ is applied. This list may not be modified during the year for which the CQ permit is issued. For each vessel provide:

- Vessel Name
- Vessel ADF&G No.
- Vessel USCG No.

BLOCK D -- PROCESSOR ASSOCIATES OF THE ROCKFISH COOPERATIVE

Processor associates of the rockfish cooperative

Processor's Full Name and NMFS Person ID

Tax ID number*

Shoreside facility

Name, ADF&G processor code, and Federal processor permit (FPP) number

Stationary floating processor

Name, ADF&G processor code, FPP number, ADF&G vessel registration number, and USCG documentation number

Processor ownership documentation

Names of all persons, to the individual level, holding an ownership interest in the processor
Percentage ownership each person and individual holds in the processor.

BLOCK E – CERTIFICATION OF COOPERATIVE AUTHORIZED REPRESENTATIVE

The Rockfish Cooperative’s authorized representative must sign and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief. Attach authorized representative authorization.