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| CHARTER HALIBUT LIMITED ACCESS PROGRAM | APPLICATION FOR COMMUNITY CHARTER HALIBUT PERMIT (CCHP) or MILITARY CHARTER HALIBUT PERMIT (MCHP) | 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 |  |
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Use a separate application for each community on whose behalf you are requesting a community charter halibut permit.

BLOCK A – TYPE OF PERMIT

Indicate type of permit for which you are applying.

Community Charter Halibut Permit

An authorized Community Quota Entity (CQE) must apply for this permit on behalf of the eligible community.

Complete Blocks A, B, and C. Sign and date Block D. See instructions for list of eligible communities.

Military Charter Halibut Permit

Complete Blocks A, B, and E. Sign and date Block F.

Enter the Branch of the United States Armed Services you represent below:

Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR Military Charter Halibut permits on behalf of a United States Military Morale, Welfare and Recreation (MWR) Program.

BLOCK B – APPLICANT INFORMATION

1. Applicant's Name:

2. Business Mailing Address (Street or P.O. Box, City, State, Zip Code):

3. Business Telephone Number:

4. Business Fax Number:

5. E-mail Address:

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST

- | | |
|--|--|
| 1. Enter the name(s) of the community that the CQE represents. <i>(duplicate this page if needed)</i> | 2. List the number of charter halibut permits you are requesting for this community: |
| 3. List the locations, including the latitude and longitude, where all trips will begin or end within the boundaries of the Community for which you are applying. <i>(attach additional pages if necessary).</i> | |

| Location Name | Latitude | Longitude |
|---------------|----------|-----------|
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BLOCK D – CQE APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The individual signing this application is required to provide documentation of his/her authority to apply on behalf of the applicant.

| | |
|--|---|
| Signature of Applicant: | Date: |
| Printed Name of individual completing this application on behalf of CQE: | Title of individual completing this application on behalf of CQE: |

BLOCK E – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area:

_____ for 2C and _____ for 3A

BLOCK F – MILITARY MWR APPLICANT SIGNATURE

Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete. The individual signing this application is required to provide documentation of his/her authority to apply on behalf of the applicant

Signature of Applicant:

Date:

Printed Name of individual completing this application:

Rank in Service of individual completing this application:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average one hour 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, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the Charter Halibut Moratorium Program for IPHC Regulatory Areas 2C or 3A; 3) Federal law and regulations require and authorize NMFS to manage charter halibut programs in Alaska; 4) Submission of this information is mandatory for any entity participating in charter halibut fishing; 5) This information is used to monitor the charter moratorium program under the Northern Pacific Halibut Act of 1982; 6) Responses to this information request are not confidential.

Application Instructions
COMMUNITY CHARTER HALIBUT PERMIT
OR
MILITARY CHARTER HALIBUT PERMIT

GENERAL INFORMATION

Application forms are available from National Marine Fisheries Service (NMFS) offices and on the NMFS, Alaska Region, website at <http://www.alaskafisheries.noaa.gov>.

When completed, the application should be mailed to:

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

Hand Deliver to: Room 713, Federal Building
709 West 9th Street

Or Fax to: (907) 586-7354 fax

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.

It is important that all blocks are completed and attachments provided. Failure to answer any of the questions or provide any of the required documents could result in delays in the processing of your request for a transfer.

Direct any questions you may have to NMFS, RAM at:

1-800-304-4846 (option 2) or 907-586-7202 (option 2).

COMPLETING THE APPLICATION FORM

BLOCK A - TYPE OF PERMIT(S)

Indicate the type of permit(s) for which you are applying.

Community Charter Halibut Permit

A Community Quota Entity (CQE) representing an eligible community may receive one or more community charter halibut permits. A community charter halibut permit issued to a CQE will be designated for area 2C or area 3A, will be non-transferable, and will have an angler endorsement of six (6). The CQE must use a separate application for each community on whose behalf requesting a community charter halibut permit.

If Applicant is a CQE requesting Community Charter Halibut Permits, enter the name of the community represented by the CQE in Block C of this application.

Complete Blocks A, B, and C. Sign Block D

NOTE: Each eligible community must form a non-profit entity or CQE to represent it prior to applying for a Community Charter Halibut Permit. This non-profit must apply to NMFS/RAM for certification of eligibility as a CQE using the “Application for a Non-Profit to be Designated as a Community Quota Entity (CQE)”.

Only the following communities are eligible to obtain Community Charter Halibut Permits (CCHPs) in the area designated for the community. One Application form must be submitted for each community; multiple communities may not be listed on a single application.

| Eligible Communities for 2C Community Charter Halibut Permits | Eligible Communities for 3A Community Charter Halibut Permits |
|--|--|
| Angoon | Akhiok |
| Coffman Cove | Chenega |
| Edna bay | Halibut Cove |
| Hollis | Karluk |
| Hoonah | Larsen Bay |
| Hydaburg | Nanwalek |
| Kake | Old Harbor |
| Kassan | Ouzinkie |
| Klawock | Port Graham |
| Metlakatla | Port Lions |
| Meyers Chuck | Seldovia |
| Pelican | Tatitlek |
| Point Baker | Tyonek |
| Port Alexander | Yakutat |
| Port Protection | |
| Tenakee | |
| Thorne Bay | |
| Whale Pass | |

**Each eligible 2C community may receive 4 total CCHPs.
Each eligible 3A community may receive 7 total CCHPs.**

Military Charter Halibut Permit

NMFS will issue a military charter halibut permit without an angler endorsement to an applicant provided that the applicant is a Morale, Welfare and Recreation Program of the United States Armed Services (MWR). A military charter halibut permit is non-transferable and may be used only in the regulatory area (2C or 3A) designated on the permit.

If Applicant is applying for Military Charter Halibut Permits,

- ◆ Enter the Branch of the United States Armed Services you represent
- ◆ Attach official documentation from the Branch of Service you represent to verify the authority to apply for the MWR permits.

Complete Blocks A, B, and E. Sign Block F

BLOCK B – APPLICANT INFORMATION

1. Applicant’s name (*this should be the name of the CQE or the United States Military Morale, Welfare and Recreation Program*)
2. Business mailing address (*Street or P.O. Box, city, state, zip code*)
- 3-5. Business telephone number, business fax number, and business e-mail address

BLOCK C – COMMUNITY CHARTER HALIBUT PERMIT(S) REQUEST

1. Enter the name(s) of the community that the CQE represents.
2. List the number of charter halibut permits you are requesting for this community.
3. List location boundaries of community, including latitude and longitude, where all trips will begin or end.

BLOCK D – CQE APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her title, and sign and date this application. This individual may be required to provide documentation demonstrating his/her authority.

BLOCK E – MILITARY CHARTER HALIBUT PERMIT(S) REQUEST

List the number of Military Charter Halibut Permits you are requesting for each area, 2C and 3A.

BLOCK F – MILITARY MWR APPLICANT SIGNATURE

The individual completing this application must print his/her name, provide his/her rank in service, and sign and date this application. This individual must attach official documentation from the branch of the United States Armed Services he/she represents to verify the authority to apply for the Military Charter Halibut Permit on behalf of the MWR.