
	<p><b>Application for American Fisheries Act (AFA) INSHORE CATCHER VESSEL COOPERATIVE PERMIT</b></p>	<p>U. S. Department of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>	
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**Due December 1 of the year prior to the year for which the co-op permit will be in effect.  
Late applications will not be accepted.**

<b>BLOCK A - COOPERATIVE CONTACT INFORMATION</b>		
1. Name of Cooperative:	2. Name of Cooperative Representative:	
3. Co-op Business Mailing Address ( <i>P.O. Box or street, city, state, zip code</i> ): <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address:

<b>BLOCK B - DESIGNATED COOPERATIVE PROCESSOR INFORMATION</b>	
Provide the following information for the AFA Inshore Processor who is designated in the cooperative contract as the processor to whom the cooperative has agreed to deliver at least 90 percent of its Bering Sea and Aleutian Islands Management Area (BSAI) pollock catch.	
1. Name:	
2. Physical location of AFA Inshore Processor:	3. Federal Processor Permit Number:

<b>BLOCK C - COOPERATIVE CONTRACT INFORMATION</b>	
<b><i>This application is not valid and cannot be processed without the submission of a copy of the co-op contract and certification.</i></b>	
This list is provided for your convenience to ensure all attachments are included with the application.	
(1) A copy of the <b>cooperative contract</b> or a <b>renewal letter</b> providing notice that a previously filed cooperative contract will remain in effect for the subsequent fishing year. Renewal letters must include the details of any material modifications to the cooperative contract since it was last filed with NMFS.	YES <input type="checkbox"/> NO <input type="checkbox"/>
(2) A <b>written certification</b> that:	
◆ The contract was signed by the owners of at least 80 percent of the qualified catcher vessels;	YES <input type="checkbox"/> NO <input type="checkbox"/>
◆ The cooperative contract requires that the cooperative deliver at least 90 percent of its BSAI pollock catch to its designated AFA processor; and	YES <input type="checkbox"/> NO <input type="checkbox"/>
◆ Each catcher vessel in the cooperative is a qualified catcher vessel as defined in	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>50 CFR 679.4(l)(6)(ii)(D) if it meets the following permit requirements:</p> <ul style="list-style-type: none"> <li>• <u>AFA permit</u>. The vessel must have a valid AFA catcher vessel permit with an inshore endorsement;</li> <li>• <u>LLP permit</u>. The vessel must be named on a valid License Limitation Program (LLP) permit authorizing the vessel to engage in trawling for pollock in the Bering Sea subarea. If the vessel is more than 60 feet (18.3 m) length overall (LOA), the vessel must be named on a valid LLP permit endorsed for the Aleutian Islands (AI) to engage in trawling for pollock in the AI; and</li> <li>• <u>Permit sanctions</u>. The vessel has no permit sanctions that otherwise make it ineligible to engage in fishing for pollock in the BSAI.</li> </ul> <p>(3) A copy of a <b>letter requesting a business review</b> letter on the fishery cooperative from the Department of Justice and any response to such request.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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<b>BLOCK D - VESSEL INFORMATION</b>			
List all co-op member catcher vessels. List complete information for each co-op catcher vessel member ( <i>attach additional pages if necessary</i> ).			
1. Vessel Name:	2. ADF&G Number:	3. USCG Number:	4. AFA Permit Number:
1. Vessel Name:	2. ADF&G Number:	3. USCG Number:	4. AFA Permit Number:
1. Vessel Name:	2. ADF&G Number:	3. USCG Number:	4. AFA Permit Number:
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1. Vessel Name:	2. ADF&G Number:	3. USCG Number:	4. AFA Permit Number:



**BLOCK E - CERTIFICATION OF APPLICANT**

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.

1. Signature of Co-op Representative:

2. Date:

3. Printed Name of Co-op 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 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) The 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 used to manage the American Fisheries Act program; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of persons seeking to participate in the groundfish fisheries under the authority of AFA; 5) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 6) 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.

**Instructions**  
**APPLICATION FOR AMERICAN FISHERIES ACT (AFA)**  
**CATCHER VESSEL INSHORE CO-OP PERMIT**

**IMPORTANT!**

This inshore cooperative (co-op) permit application and any amendments that add or delete co-op member vessels **must be received by** National Marine Fisheries Service (NMFS), Restricted Access Management (RAM) by **December 1** of the year prior to the year for which the co-op permit will be in effect.

**Late applications will NOT be accepted.**

**GENERAL**

NMFS will issue an AFA inshore cooperative fishing permit to an inshore catcher vessel cooperative formed under section 1 of the Fisherman's Collective Marketing Act of 1934 (15 U.S.C. 521) for the purpose of cooperatively managing directed fishing for pollock. In and of itself, a cooperative is not an AFA entity subject to excessive harvest share limitations, unless a single person, corporation or other business entity controls the cooperative and the cooperative has the power to control the fishing activity of its member vessels.

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

Completed application may be submitted:

- ◆ By mail to: NOAA/NMFS Alaska Region  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, Alaska 99802-1668
- ◆ By fax to: 907-586-7354
- ◆ By delivery to: NMFS  
709 West 9th Street, Room 713  
Juneau, AK 99801

**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 a corporate account number for express delivery.

If you have any questions, or if you need any assistance in completing the application, please contact RAM as follows:

Telephone (toll Free): 1-800-304-4846 (press "2")

Telephone (Juneau): 907-586-7202

E-Mail Address: [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

Web Site: [www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)

## COMPLETING THE APPLICATION

### BLOCK A - CO-OP CONTACT INFORMATION

1. Co-op name.
2. Name of designated cooperative representative. Indicate the name of an individual who is designated by the members of a fishery cooperative to fulfill requirements on behalf of the cooperative including, but not limited to, the signing of cooperative fishing permit applications; submitting catcher vessel pollock cooperative catch reports, and submitting annual cooperative fishing reports. **An application submitted and signed by a representative for a party will not be processed unless clear and unambiguous certification of the agent's authority to do so is attached.**
3. Co-op business mailing address, including P.O. Box number or street name, city, state, and zip code.
4. Business telephone number, including area code.
5. Business fax number, including area code.
6. Business e-mail address, if any.

### BLOCK B - DESIGNATED COOPERATIVE PROCESSOR INFORMATION

1. Name and physical location of AFA Inshore Processor who is designated in the cooperative contract as the processor to whom the cooperative has agreed to deliver at least 90 percent of its BSAI pollock catch
2. Federal Processor Permit number of the AFA inshore processor.

### BLOCK C -- COOPERATIVE CONTRACT INFORMATION

This list is provided for your convenience to ensure all attachments are included with the application.

### ***BLOCK D - VESSEL INFORMATION***

List all co-op member vessels. List complete information for each co-op member catcher vessel (*attach additional pages if necessary*).

1. Complete vessel name.
2. 5-digit Alaska Department of Fish & Game (ADF&G) vessel registration number (example: 51233).
3. U.S. Coast Guard (USCG) documentation number (example: 566722).
4. AFA permit number.

### ***BLOCK E - CERTIFICATION OF APPLICANT***

Coop representative must sign, print name, and date the application. If representative is acting on behalf of an applicant, **attach** authorization.