
	<b>Application for          CONVERTED CPO QUOTA SHARE          (QS) AND CPO IFQ</b>	U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax 
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### Annual Application Deadline – August 1

**This application must be submitted with a completed Annual Application for an IFQ/IPQ Permit**

**NOTE: This application will not be considered complete until NMFS verifies that applicant**

- 1. Has submitted all required Economic Data Reports**
- 2. Has paid all outstanding fee obligations**

#### ***BLOCK A – IDENTIFICATION OF ENTITY***

Indicate below which of the entities, as described in § 680.40(c)(5)(ii) through (c)(5)(iv), is applying for converted catcher/processor CPO QS/IFQ. **NOTE: Only entities listed below may apply for converted CPO QS/IFQ.**

- Entity A: Yardarm Knot, Inc.
- Entity B: Blue Dutch, LLC
- Entity C: Trident Seafoods, Inc

#### ***BLOCK B<sub>1</sub> – ENTITY INFORMATION***

1. Name of Entity:	2. NMFS Person ID Number:	
3. Permanent Business Mailing Address:	4. Temporary Business Mailing Address ( <i>see instructions</i> ):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

8. . For Entity A or B identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

**Person 2**

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

\*Must be CVO QS initially issued to the entity

**BLOCK B<sub>2</sub> – AFFILIATE INFORMATION FOR ENTITY A, B, or C**

1. Affiliated <b>Person 2</b> :		2. NMFS Person ID Number:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address ( <i>see instructions</i> ):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:	

1. Affiliated <b>Person 2</b> :		2. NMFS Person ID Number:	
3. Permanent Business Mailing Address:		4. Temporary Business Mailing Address ( <i>see instructions</i> ):	
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:	

8. For persons affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS:

**Person 1**

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS	North			
BBR	PQS*	North			
BSS	CVO QS	North			
BSS	PQS*	North			

**Person 2**

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

\*Must be CVO QS initially issued to the entity

9. For Entity C identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS:

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

**Person 2**

Fishery	Sector	Region	Beginning Serial Number	Ending Serial Number	Number of QS/PQS Units
BBR	CVO QS*	North			
BBR	PQS	North			
BSS	CVO QS*	North			
BSS	PQS	North			

\*Must be CVO QS initially issued to the entity

**BLOCK C - SIGNATURE OF ENTITY AND AFFILIATES**  
*(each member contributing CVO QS or PQS to this request must sign and date this form)*

*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.*

1. Signature of Entity

2. Date:

3. Printed Name of Entity: (**Note:** If completed by an authorized representative, attach authorization.):

*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.*

1. Signature of Affiliate Person 1:

2. Date:

3. Printed Name of Affiliate: (**Note:** If completed by an authorized representative, attach authorization.):

*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.*

1. Signature of Affiliate Person 2:

2. Date:

3. Printed Name of Entity: (If completed by an authorized representative, attach authorization.):

**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, NMFS Alaska Region, 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. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**Instructions – APPLICATION FOR CONVERTED CPO  
QUOTA SHARE (QS) AND CPO IFQ**

**This Application is due August 1<sup>st</sup>.**

**This Application must be submitted with a completed Annual Application for IFQ or IPQ Permit.**

Under 50 CFR 680.40(c)(5), any persons who are members of or affiliated with the following entities, as described in 50 CFR 680.40(c), may request an issuance of converted CPO QS on an application for IFQ/IPQ for that crab fishing year:

- Entity A: Yardarm Knot, Inc. and any person who is affiliated with Yardarm Knot, Inc.;
- Entity B: Blue Dutch, LLC and any person who is affiliated with Blue Dutch, LLC; and
- Entity C: Trident Seafoods, Inc. and any person who is affiliated with Trident Seafoods, Inc.

Such requests must meet the criteria listed in regulations at 50 CFR 680.40 in order to be approved.

**This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate)**

- ◆ Submit a crab Economic Data Report (EDR).  
A crab EDR is required from any owner or leaseholder of a vessel or processing plant that harvested or processed crab in specified CR Program crab fisheries during the prior calendar year. The annual EDR submission deadline is June 28.

To request that a printed EDR be mailed to you (at no cost), contact

Pacific States Marine Fisheries Commission  
205 SE Spokane, Suite 100  
Portland, OR 97202

Telephone: 1-(503) 595-3100

e-mail: [info@psmfc.org](mailto:info@psmfc.org)

- ◆ Payment of all outstanding fees must be submitted to NMFS on or before July 31.

Submit the completed application, which must be received no later than August 1, to:

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

By delivery to: Room 713, Federal Building  
709 West 9th Street  
Juneau, AK 99801

Or, by fax to: 907-586-7354

If you need assistance in completing this application or need additional information,

call Restricted Access Management (RAM) at (800) 304-4846 (Option 2) or (907) 586-7202 (Option 2)

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at <http://alaskafisheries.noaa.gov>

## ***COMPLETING THE APPLICATION***

### **BLOCK A – IDENTIFICATION OF ENTITY**

Only the Entities described in § 680.40(c)(5)(ii) through (c)(5)(iv) may apply for converted CPO QS/IFQ. Those Entities are: Yardarm Knot, Inc., Blue Dutch, LLC and Trident Seafoods, Inc.

Indicate which entity is applying for converted CPO QS/IFQ.

### **BLOCK B<sub>1</sub> – ENTITY INFORMATION**

1. Provide the Entity's name.
2. Provide the Entity's NMFS Person ID Number.
3. Provide the Entity's permanent mailing address.
4. Provide the Entity's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.
- 5-7. Provide the business telephone number, business fax number, and business e-mail address (if available)
8. For Entity A or B -- identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS for the current crab fishing year.
9. For Entity C – identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS for the current crab fishing year.

**Note:** Only 90% of the PQS units identified will be used in the calculation of CPO IFQ. Please ensure that you identify the number of PQS units necessary to obtain the desired number of CPO IFQ pounds.

### **BLOCK B<sub>2</sub> – AFFILIATE INFORMATION FOR ENTITY A, B, or C**

Provide the following for each Affiliated Person whose CVO QS or PQS will be used in this transaction.

**Attach additional pages as necessary.**

1. Provide the Affiliated Person's name.
2. Provide the Affiliated Person's NMFS Person ID Number.
3. Provide the Affiliated Person's permanent mailing address.
4. Provide the Affiliated Person's temporary mailing address (if any); if this information is provided, it will be to this address to which the IFQ/IPQ permit(s) will be mailed.

- 5-7. Provide the business telephone number, fax number, and e-mail address (if available) for the Affiliated Person's designated representative.
8. For person's affiliated with Entity A or B, identify the North Region BBR or BSS CVO QS and North Region BBR or BSS PQS initially issued to this person for conversion to CPO QS/IPQ for the current fishing year.
9. For persons affiliated with Entity C, identify the North Region BBR or BSS CVO QS initially issued to this person and North Region BBR or BSS PQS for conversion to CPO QS/IPQ for the current fishing year.

### **BLOCK C – SIGNATURE OF ENTITY AND AFFILIATES**

Each Entity and each Affiliated Person submitting CVO QS or PQS for conversion to CPQ QS/IFQ must print and sign his or her name and enter the date the application was signed.

If the application is completed by a designated representative, attach proof of authorization.

**Attach additional signature pages as necessary.**