
	<p>Application for CR Program ELIGIBILITY TO RECEIVE QS/PQS OR IFQ/IPQ BY TRANSFER</p>	<p>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)</p>	
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Except for persons who received crab quota share (QS) or processor quota share (PQS) by initial issuance and Eligible Crab Community Organizations (ECCO), no person may receive Crab Rationalization (CR) Program crab QS/IFQ or PQS/IPQ by transfer unless such person has established eligibility to do so. This application is for use by persons seeking authority to receive QS, PQS, individual fishing quota (IFQ), or individual processor quota (IPQ) by transfer under the CR Program.

BLOCK A -- TYPE OF QUOTA	
<p>If seeking eligibility for (<i>indicate type of Quota</i>)</p> <p><input type="checkbox"/> CVO or CPO QS or IFQ</p> <p><input type="checkbox"/> CVC or CPC QS or IFQ</p> <p><input type="checkbox"/> PQS or IPQ</p>	<p>Complete Application Blocks</p> <p>A, B, D (<i>if applicable</i>), E, and F</p> <p>A, B, C, E, and F</p> <p>A, B and F</p>

BLOCK B – APPLICANT INFORMATION		
<p>1. Is the Applicant an individual U.S. Citizen or a U.S. Corporation, Partnership, or other business entity?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Note: Only U.S. Citizens may receive QS/IFQ by transfer; any person may receive PQS/IPQ by transfer.</p>		
<p>2. Name of Applicant (<i>Please include middle initial</i>):</p>		<p>3. NMFS Person ID:</p>
<p>4. Business Mailing Address:</p> 		
<p>5. Business Telephone Number:</p>	<p>6. Business Fax Number:</p>	<p>7. Business E-Mail Address:</p>

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Is the purpose of this application to obtain authority to receive “crew shares” (catcher vessel crew (CVC) or catcher/processor crew (CPC)) or associated IFQ by transfer?

YES NO

If YES, indicate your eligibility to receive CVC or CPC as follows:

- 150 days sea time as part of a harvesting crew in any U.S. commercial fishery as demonstrated in Block E; AND
- Participated in one or more CR Program fishery(ies) in the 365 days prior to signing this application..

OR

From May 1, 2015 until May 1, 2019:

- 150 days sea time as part of a harvesting crew in any U.S. commercial fishery as demonstrated in Block E

AND

- Initially Issued CVC or CPC Quota Share under the CR Program

OR

- Participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years starting July 1, 2000 through June 30, 2005;

Participation may be demonstrated by **attaching**:

- ◆ a **signed Alaska Department of Fish and Game (ADF&G) fish ticket** imprinted with the applicant’s CFEC permit card,
- ◆ an **affidavit** indicating date of landing of crab species from the owner of a vessel upon which fishing was done, or
- ◆ a **signed receipt** for an IFQ crab landing on which the applicant was serving as a hired master for a CR Program IFQ permit holder.

BLOCK D –CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Is this application being submitted by, or on behalf of, a Western Alaska Community Development Quota (CDQ) Group?

YES NO

If YES, go to Block F.

2. Is this application being submitted by, or on behalf of, a Corporation, Partnership, or Other Business Entity?

YES NO

If YES, at least one individual member/owner of the entity must document an ownership interest of at least 20% of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies)

Verification of the 150 days of harvesting participation can be provided by attaching

- ◆ the individual’s Transfer Eligibility Certificate (TEC) for the Alaska Pacific Halibut and Sablefish Individual Fishing Quota (IFQ) program or
- ◆ the individual’s TEC for the CR Program, or
- ◆ by completing Block E of this application. If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries.

Identity of individual business owner with required experience participating in one or more U.S. fishery(ies)

3. Name of Individual Owner:

4. NMFS Person ID:

5. Business Mailing Address:

6. Business Telephone Number:

7. Business Fax Number:

8. Business E-Mail address:

9. Is this application being submitted by, or on behalf of, a U.S. Citizen?

YES NO

If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE
(Duplicate this page as necessary to display all relevant commercial fishing experience)

If Block E is completed, and this application is approved, the individual will automatically qualify for a TEC for the halibut/sablefish IFQ fisheries

Note: If the individual who completes this Block E is not the Applicant, this individual must co-sign this application in Block F.

1. Species (<i>one per block</i>):	2. Gear Type:	3. Location:
4. Date From: (<i>MMYY</i>)	5. Date To: (<i>MMYY</i>)	6. Number of Actual Days Spent Harvesting Fish:
7. Duties performed while directly involved in the fishing activity (<i>please be specific</i>):		
8. Vessel Name:		9. ADF&G or USCG Number:
10. Vessel Owner:		11. Vessel Operator:
12. Reference Name (<i>person other than Applicant</i>):	13. Reference's Relationship to Applicant:	14. Reference's Business Telephone Number:
15. Reference's Business Mailing Address:		

BLOCK F – CERTIFICATION

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.

Signature of Applicant or Applicant’s Representative:	Date Signed:
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Printed Name of Applicant or Applicant’s Representative:

*(Note: If this is completed by the Applicant’s Representative, **attach** authorization)*

BLOCK G – ADDITIONAL CERTIFICATION
(Required if the individual who completed Block E is not the Applicant)

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.

Signature of Individual who completed Block E:	Date Signed:
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Printed Name of Individual who completed Block E:

*Note: If this is completed by the Applicant’s Representative, **attach** authorization)*

Instructions
CR PROGRAM ELIGIBILITY to RECEIVE
QS/PQS or IFQ/IPQ by TRANSFER

NOTE: only U.S. Citizens qualify to receive QS/IFQ by transfer.

This application is required to establish a person’s eligibility to receive quota share (QS), processor quota share (PQS), individual fishing quota (IFQ), or individual processing quota (IPQ) by transfer, if the person is not an Eligible Crab Community Organization (ECCO). A successful applicant will receive a letter of acknowledgment of eligibility; the acknowledgment will not expire.

Transfer of crab QS, PQS, IFQ, or IPQ means any transaction, approved by NMFS, requiring QS or PQS, or the use thereof in the form of IFQ or IPQ, to pass from one person to another, permanently or for a fixed period of time, except that:

- ◆ A crab IFQ hired master permit issued by NMFS, as described in § 680.4, is not a transfer of crab QS or IFQ; and
- ◆ The use of IFQ assigned to a crab harvesting cooperative and used within that cooperative is not a transfer of IFQ.

The following table provides standards for eligibility to receive CR Program Quota by transfer:

Quota Type	Eligible Person	Eligibility Standards
PQS	Any Person	No other requirements
IPQ	Any Person	No other requirements
CVO or CPO QS	A person who received QS by initial issuance	No other requirements
	An Individual	who is a U.S. citizen and who has at least 150 days experience as part of a harvesting crew in any U.S. commercial fishery
	A corporation, partnership, association or other non-individual entity	that has at least one individual member (<i>owner</i>) who is a U.S. citizen and who: <ul style="list-style-type: none"> ◆ owns at least 20% of the entity, and ◆ has at least 150 days experience as part of the harvesting crew in any U.S. commercial fishery
	An ECCO	that meets other regulatory requirements
	A CDQ Group	No other requirements
CVC or CPC QS	An Individual	who is a U.S. citizen with <ul style="list-style-type: none"> ◆ at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery and ◆ establishes recent participation in at least one delivery of crab in a CR crab fishery in the 365 days prior to submission of the application for eligibility, except that from May 1, 2015 through May 1, 2019, CVC or CPC QS also may be transferred to an individual who is a U.S. citizen with: <ul style="list-style-type: none"> ◆ at least 150 days of sea time as part of a harvesting crew in any U.S. commercial fishery,

Quota Type	Eligible Person	Eligibility Standards
		and who either (i) received an initial allocation of CVC or CPC QS; or (ii) participated in at least one delivery of crab in a CR crab fishery in any 3 of the 5 crab fishing years starting on July 1, 2000, through June 30, 2005.

Note: CVO = catcher vessel owner; CPO = catcher/processor owner; CDQ = Western Alaska Community Development Quota

Application forms and instructions are available on the NMFS Alaska Region web site at www.alaskafisheries.noaa.gov.

Please allow at least 10 days for processing your permit. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

- ◆ Type or print legibly in ink.
- ◆ Retain a copy of completed application for your records.
- ◆ Applications may be faxed to RAM; however, permits will not be returned by fax.

When complete, submit

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

By delivery to: NMFS Alaska Region (NMFS/RAM)
Federal Building
709 W. 9th Street, Suite 713
Juneau, Alaska 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 – TYPE OF QUOTA

Indicate the type(s) of QS, PQS, IFQ or IPQ for which the applicant is seeking eligibility to receive by transfer.

BLOCK B – APPLICANT INFORMATION

1. Indicate whether the Applicant is a U.S. Citizen
2. Enter the name of the applicant; please include middle initial.

3. Enter the NMFS Person ID.

4. Enter the permanent business mailing address.

5-7. Enter the business telephone number, business fax number, and business E-mail address.

BLOCK C – ELIGIBILITY TO RECEIVE CVC OR CPC QS/IFQ

Note: A transfer of catcher vessel crew (CVC) or catcher/processor crew (CPC) QS or IFQ will not be approved unless the intended recipient of the QS or IFQ demonstrates recent participation in CR Program crab fisheries within the 365 days prior to the date the transfer application was submitted. Except, between May 1, 2015 and May 1, 2019 this recent participation requirement may be waived if:

1. The applicant was initially issued CVC or CPQ QS under the CR Program; or
2. The applicant participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years beginning July 1, 2000 through June 30, 2005.

Indicate whether the purpose of the application is to obtain authority to receive “crew shares” (CVC or CPC QS), or “crew” IFQ by transfer.

If YES, the applicant must demonstrate eligibility to obtain CVC or CPC QS as follows:

Initially issued CVC or CPC Quota Share under the CR Program;

Participated in at least one delivery of crab from a fishery included in the CR Program per fishing season in any 3 of the 5 crab fishing years beginning July 1, 2000 through June 30, 2005, or

Participated in one or more CR Program fishery(ies) in the 365 days prior to signing this application.

Participation may be demonstrated by **attaching**:

- ◆ a signed **ADF&G fish ticket** imprinted with the applicant’s Alaska Commercial Fisheries Entry Commission (CFEC) permit card;
- ◆ **an affidavit** indicating date of landing of crab species from the owner of a vessel upon which fishing was done; or,
- ◆ a **signed receipt** for an IFQ crab landing on which the applicant was serving as a hired master for a CR Program IFQ permit holder.

BLOCK D – CORPORATIONS, PARTNERSHIPS, OR OTHER BUSINESS ENTITIES

1. Indicate whether the application is being submitted by, or on behalf of, a Western Alaska Community Development Quota (CDQ) group.

If YES, go to Block F.

2. Indicate whether the application is being submitted by, or on behalf of, a Corporation, Partnership, or Other Business entity.

If YES, at least one individual member/owner of the entity must document an ownership interest of at least 20% of the entity and, additionally, must demonstrate that s/he has participated for a minimum of 150 days as a member of the harvesting crew in any U.S. fishery(ies).

- ◆ Documentation of a 20% ownership interest may consist of corporation or partnership articles of

incorporation, or completion of the Annual Application for an IFQ/IPQ Permit.

- ◆ Participant Verification (requisite experience) of 150 days of harvesting participation is:
 - Transfer Eligibility Certificate (TEC) for the Alaska Halibut and Sablefish IFQ Program
 - TEC for the CR Program, or
 - Completion of Block E.

- 3-4. Provide the name and NMFS person ID of the individual owner with the requisite experience participating in one or more U.S. fishery(ies)
- 5-8. Business mailing address, business telephone number, business fax number, and business E-Mail address
9. Indicate whether this application is being submitted by, or on behalf of, a U.S. Citizen.

If NO, STOP! This application cannot be approved unless the individual with 20% ownership in the entity listed in Block B is a U.S. Citizen.

BLOCK E – INDIVIDUAL COMMERCIAL FISHING EXPERIENCE

Duplicate the form as necessary until a minimum of 150 days experience is recorded and claimed.

Note: if the individual who completes Block E is not the Applicant, the individual must sign the application in Block G - Additional Certification.

1. Enter the species for which fishing was undertaken.
2. Enter the gear type used in the fishing.
3. Enter the location of the fishing (regulatory area or geographic designation *e.g.*, “Area T” or “Bristol Bay”)
- 4-5. Enter the month and year that fishing commenced and concluded.
6. Enter the number of days spent as a member of the harvesting crew.
7. Record the duties performed. Please be specific (*e.g.*, “picked nets,” “set pots,” “washed crab,” *etc.* and not “deckhand”).
8. Enter the name of the vessel upon which the fishing occurred.
9. Enter the name, the ADF&G vessel registration number, or United States Coast Guard(USCG) documentation number of the vessel.
- 10-11. Enter the name(s) of the vessel’s owner and operator during the time claimed.
12. Enter the name of a reference (i.e., a person other than the Applicant who, if contacted by RAM, could verify the Applicant’s claim of participation).
13. Describe Reference's relationship to Applicant.
14. Reference's business mailing address.
15. Reference's business telephone number.

16. BLOCK F – CERTIFICATION

Enter the printed name and signature of the Applicant, and date signed. If the person signing is not the Applicant, **attach** authorization.

BLOCK G – ADDITIONAL CERTIFICATION

If the individual who completed Block E is not the Applicant, the individual who completed Block E must enter the printed name and signature and date signed in this Block G.

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 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.
