


<b>CHARTER HALIBUT LIMITED ACCESS</b>	Application for Transfer (Lease) between Individual Fishing Quota(IFQ) And Guided Angler Fish(GAF) <b>COMMUNITY QUOTA ENTITY</b>	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 (907) 586-7202 in Juneau (907) 586-7354 fax	
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This form is only used if a Community Quota Entity (CQE) is the transferor (seller) or the transferee (buyer) of the Individual Fishing Quota (IFQ). This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast GOA) and 3A (Central GOA) commercial IFQ for use as guided angler fish (GAF) by a community resident holding one or more charter halibut permits for IPHC areas 2C or 3A.

NMFS will not approve any Application for Transfer between IFQ and GAF

- ◆ before annual IFQ is issued or
- ◆ one month prior to the close of the commercial IFQ fishing season.

Applicants may use this form to return **unused GAF** to the CQE from which it was obtained. NMFS will accept Applications to return GAF to IFQ from August 1 to August 31<sup>st</sup> only. NMFS will automatically return all unused GAF to the IFQ permit holder on or about 15 calendar days prior to the closing of the commercial halibut fishing season.

Unused GAF will be returned to the CQE from which they were obtained; no fees will be assessed for any unused GAF. The CQE is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC areas 2C and 3A using annual commercial IFQ values provided by annually by IFQ Registered Buyers. This standard value may not be challenged (i.e. actual values may not be substituted). No fees will be assessed for any unused GAF.

<b>ATTACHMENTS</b>	
Use this block to determine which forms and other information must be included with your transfer. Please check each applicable box below to ensure that your application is complete and can be processed in a timely manner.	
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Copy of IFQ Permit(s)
<input type="checkbox"/> Valid Charter Halibut Permit (Transferee receiving GAF must have a valid Charter Halibut Permit)	
<input type="checkbox"/> Power of Attorney (if applicable)	

**BLOCK A – IDENTIFICATION OF TRANSFEROR (LESSOR)**

1. Name:		2. NMFS Person ID:	
3. Name of Community represented by the CQE:			
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
5. Business Telephone No.:		6. Business Fax No:	7. E-mail address:

**BLOCK B – IDENTIFICATION OF TRANSFEREE (LESSEE)**

1. Name:		2. NMFS Person ID:	
3. Name of Community represented by the CQE:			
4. Indicate whether or not you intend to begin or end your charter halibut fishing trip in the community listed in Block A above:  <input type="checkbox"/> YES. IT IS MY INTENT to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A.  <input type="checkbox"/> NO. IT IS NOT MY INTENT to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A.			
5. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
6. Business Telephone No.:		7. Business Fax No:	8. E-mail address:

<b>BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED</b>				
IFQ Permit Number	IPHC Area	CHP Number	GAF Permit Number	Number of GAF

<b>BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION</b>	
1. Was this a gift?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If NO</b> , what was the total amount paid for the IFQ in this transaction, including fees \$ _____	
2. Give the price per pound per pound of IFQ \$ _____	
3. Did you use a broker to facilitate this transfer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If YES</b> , indicate amount paid in brokerage fees \$ _____	

<b>BLOCK E – CERTIFICATION OF TRANSFEROR</b>	
<i>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.</i>	
1. Signature of Transferor:	2. Date:
3. Printed Name of Transferor: <i>(If authorized representative, attach authorization)</i>	

<b>BLOCK F – CERTIFICATION OF TRANSFeree</b>	
<i>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.</i>	
1. Signature of Transferee:	2. Date:
3. Printed Name of Transferee: <i>(If authorized representative, attach authorization)</i>	

Instructions  
APPLICATION FOR TRANSFER (LEASE)  
BETWEEN IFQ AND GAF - COMMUNITY QUOTA ENTITY (CQE)

**GENERAL INFORMATION**

This form is only used if a Community Quota Entity (CQE) is the proposed transferor (“seller”) or the proposed transferee (“buyer”) of the IFQ; if not, a different form must be used. This application form is for use in transferring International Pacific Halibut Commission (IPHC) Regulatory Areas 2C (Southeast Alaska) and 3A (Central Gulf of Alaska) commercial halibut individual fishing quota (IFQ) for use as guided angler fish (GAF) by persons holding charter halibut permits for areas 2C or 3A.

The application must be signed by a representative of the community for whom the CQE holds the IFQ. The IFQ Program provides opportunities for small communities located on the coast of the Gulf of Alaska to hold, and to fish, quota share (QS) and IFQ. Such communities are represented by CQEs, who must use a special application form to provide for transfers of QS/IFQ to and from (and between) CQEs.

This application may only be used to apply for a transfer of IFQ for the current halibut fishing year. NMFS will notify the transferor and transferee once the application has been received and approved. A transfer is not effective until approved by NMFS.

This application cannot be processed or approved unless both parties to the proposed transfer have met all the requirements and conditions of the IFQ Program, including (as appropriate):

- ◆ The transferee requesting GAF must hold a valid Charter Halibut Permit (this includes community charter halibut permit or military charter halibut permit).
- ◆ The CQE has completed and filed with NMFS the required annual report at 50 CFR 679.5(l)(8)
- ◆ A Transfer of IFQ to GAF will not be approved if it would cause the parties to exceed the use limits in 50 CFR 300.65(c)(5)(i)(G)(3) or 50 CFR 679.42(e) or (f).
- ◆ Neither party to the transfer has any outstanding fines, civil penalties or other payments due and owing, or outstanding permit sanctions.
- ◆ Payment of all outstanding fees to NMFS

**NOTE: Unused GAF will be returned to the IFQ permit holder from which they were obtained; no fees will be assessed for any unused GAF. The IFQ permit holder, including the CQE, is responsible for all cost recovery fees resulting from the GAF harvested as a result of this transfer. The GAF cost recovery fees will be charged at the same percentage rate as the commercial IFQ fees. GAF fees will be calculated using a standard price established for IPHC areas 2C and 3A using annual commercial IFQ values provided by annually by IFQ Registered Buyers. This standard value may not be challenged (i.e. actual values may not be substituted).**

**ADDITIONALLY**

Print information in the application legibly in ink or type information. Complete the entire application, including all attachments; failure to do so could result in delays in the processing of your application.

Retain a copy of completed application for your records.

Do not wait until right before an opening to apply for your permit, as you may not receive it on time. Please **allow up to ten working days** for a transfer application to be reviewed, processed, and approved; the parties will be notified upon approval or disapproval of the transfer.

Submit the completed application:

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

By fax to RAM at: **907-586-7354**

Or by courier to: **NMFS Alaska Region Attn:RAM  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801**

Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or 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**

**Web Site: <https://alaskafisheries.noaa.gov>**

An application submitted and signed by an agent for a party to the transfer will not be processed unless clear and unambiguous certification of the agent's authority to do so is provided.

### ***COMPLETING THE APPLICATION***

#### **BLOCK A – IDENTIFICATION OF TRANSFEROR**

1. Legibly print or type the full name of the CQE proposing to transfer the IFQ
2. Enter the NMFS Person ID
3. Enter the name of the community on whose behalf the CQE is applying.
4. Enter the business mailing address. Indicate whether permanent or temporary. If temporary -- this is the address to which the transfer documentation should be sent, if different from the permanent address.
- 5-7. Enter business telephone number, business fax number, and e-mail address (if available).

#### **BLOCK B – IDENTIFICATION OF THE PROPOSED TRANSFEREE**

1. Legibly print or type the full name of the party proposing to receive the IFQ.
2. Enter the NMFS Person ID
3. Enter the name of the community.
4. Indicate whether or not it is the transferee's intent to begin or end the charter halibut fishing trip with the GAF resulting from this transfer in the community represented by the CQE listed in Block A.
5. Enter the business mailing address. Indicate whether permanent or temporary. If temporary -- this is the address to which the transfer documentation should be sent, if different from the permanent address.
- 6-8. Enter business telephone number, business fax number, and e-mail address (if available).

Application for Transfer between IFQ and GAF from a CQE

**BLOCK C -- IDENTIFICATION OF IFQ AND/OR GAF TO BE TRANSFERRED**

- ◆ Enter the IFQ permit number of the 2C or 3A halibut CQE quota share holder
- ◆ Enter the International Pacific Halibut (IPHC) management area for the IFQ permit
- ◆ Enter the Charter Halibut Permit number of the transferee requesting a guided angler fish (GAF)
- ◆ Enter the GAF Permit number, if applicable, for a transfer of GAF back to the IFQ permit holder
- ◆ Enter the number of GAF requested in this transfer, expressed as number of fish not pounds of fish.

**BLOCK D – TRANSFEROR SUPPLEMENTAL INFORMATION**

1. Indicate Yes or No if this was a gift or other non-monetary transaction  
**If NO**, not a gift or other non-monetary transaction, indicate the total amount you were paid for the IFQ in this transaction, including brokerage fees
2. Indicate the price per pounds of IFQ. This can be derived by dividing the total price by the pounds of IFQ transferred.
3. Indicate Yes or No if you used a broker to facilitate this transfer.  
**If YES**, you did use a broker, indicate the amount you paid in brokerage fees.

**BLOCKS E AND F – CERTIFICATION OF TRANSFEROR AND TRANSFEEE**

Enter printed name and signature and enter date of signature for both the transferor and transferee.

Note: if an authorized representative, attach complete authorization.

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting 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 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, 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 as amended in 2006. Responses are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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