



## APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service (NMFS)  
Restricted Access Management Program (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 toll free / (907) 586-7202 in Juneau  
(907) 586-7354 fax / [RAM.alaska@noaa.gov](mailto:RAM.alaska@noaa.gov) email



Those persons applying to receive Quota Share (QS) or Individual Fishing Quota (IFQ) by transfer must submit this application to the Regional Administrator, to obtain a **Transfer Eligibility Certificate (TEC)**.

### BLOCK A - APPLICANT INFORMATION

1. Name (Last, First, Middle Initial):	2. NMFS Person ID:	
	3. Taxpayer ID Number (Employer ID No. or SSN):	
4. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
5. Business Telephone Number:	6. Business Fax Number:	7. E-mail Address:

**NOTE: The Applicant must be a U.S. citizen or U.S. corporation, partnership, or other non-individual business entity to receive QS/IFQ by transfer.**

8. Are you a U.S. citizen?

☐ YES    ☐ NO    **If YES,** enter Date of Birth \_\_\_\_\_

9. Are you a U.S. corporation, partnership, association or other non-individual business entity?

☐ YES    ☐ NO    **If YES,** enter Date of Incorporation \_\_\_\_\_

10. Are you a resident of Adak, Alaska?

☐ YES    ☐ NO    **If YES,** enter date residency began \_\_\_\_\_

**BLOCK B-- FREEZER SHARES**

Is this TEC intended for an Entity that wishes to buy or lease Category A Quota Shares only?

YES ☐

NO ☐

**IF YES**, and you are a corporation, partnership, association, or other non-individual entity, please complete and **attach** a QS Holder: Identification of Ownership Interest form.

**NOTE:** You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.

**BLOCK C - COMMERCIAL FISHING EXPERIENCE**  
*Duplicate this section, or attach a separate sheet of paper, if necessary,  
to display all of the Applicant's commercial fishing experience.*

1. Species (*one per block*):

2. Gear:

3. Location:

4. Date From (*MM / YY*):

5. Date To (*MM / YY*):

6. Number of **Actual** Days Spent  
Harvesting Fish:

7. Duties Performed While **Directly Involved** in the Harvesting of Fish (*Be Specific*):

8. Vessel Name:

9. ADF&G or USCG Number:

10. Vessel Owner:

11. Vessel Operator:

12. Reference Name (*person other than yourself*):

13. Reference's Relationship to You:

14. Reference's Business Telephone Number:

15. Reference's Business Mailing Address:

**BLOCK D – SIGNATURE OF APPLICANT**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

1. Signature of Applicant (or Authorized Representative):

2. Date:

3. Printed Name of Applicant (*If completed by an Authorized Representative, **attach** authorization*):

**PUBLIC REPORTING BURDEN STATEMENT**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0272. Without this approval, we could not conduct this information collection. 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 information collection. All responses to this information collection are mandatory and required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801, *et seq.*). Send comments regarding this burden estimate or any other aspect of this information collection, 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.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The collection of this information is authorized by the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act), 16 U.S.C. 1801 *et seq.*

**PURPOSE:** NMFS uses the information provided on this application to verify the identity of the applicant and to accurately retrieve confidential records related to Federal permits to determine eligibility to receive quota share (QS) or individual fishing quota (IFQ) by transfer. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). All potential IFQ QS holders may incur a debt to the government because of fee liabilities charged under the IFQ Program cost recovery fee program authorized under section 304(d)(2)(A) of the Magnuson-Stevens Act and implemented by regulations at 50 CFR 679.45.

**ROUTINE USES:** Disclosure of this information is subject to the published routine uses identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries. Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public. NMFS posts some information from this form on its public website ([www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)), including the business name, address, and NMFS ID number of the person eligible to receive quota share or individual fishing quota by transfer. In addition, NMFS may share information submitted on this application form with other State and Federal agencies or fishery management commissions, including staff of the North Pacific Fishery Management Council and Pacific States Marine Fisheries Commission. Other information is confidential under section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**DISCLOSURE:** Providing this information is mandatory; failure to provide complete and accurate information will prevent the determination of eligibility to receive quota share or individual fishing quota by transfer.

<p style="text-align: center;"><b>INSTRUCTIONS</b> <b>APPLICATION FOR ELIGIBILITY TO RECEIVE QS/IFQ</b></p>
---

Quota Share (QS) was initially issued to persons who owned or leased vessels that made legal commercial fixed-gear landings of Pacific halibut or sablefish during 1988, 1989, or 1990 off Alaska. The application period for QS ended on July 15, 1994. Once issued to a person by NMFS, QS is held by that person until it is transferred, suspended, or revoked. Currently, QS may only be obtained through transfer. QS is transferable to other initial issuees or to those who have become transfer-eligible through obtaining NMFS' approval.

Those persons applying to receive QS or Individual Fishing Quota (IFQ) by transfer must submit to the Regional Administrator an Application for Eligibility to Receive QS/IFQ to obtain a Transfer Eligibility Certificate (TEC).

If participant is a U.S. corporation, partnership, association or other non-individual business entity, he or she must complete and submit a Quota Share Holder: Identification of Ownership form. Download this form from NMFS Alaska Region website at <https://alaskafisheries.noaa.gov/>, or call RAM and request the form be mailed or faxed to you.

Except for residents of Adak, Alaska, to be eligible, persons must have 150 or more days of experience working as part of a harvesting crew in any U.S. commercial fishery. Work in support of harvesting but not directly related to it is not considered harvesting crew work. An eligible community resident of Adak receiving IFQ derived from QS held by an Aleutian Islands Community Quota Entity (CQE) is not required to meet the 150-day criteria for purposes of receiving IFQ from an Aleutian Islands CQE.

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

**Please allow at least 10 working days for your application to be processed.**

When complete, submit the application:

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**

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. Additional information is available from RAM, as follows:

**Website:** <https://alaskafisheries.noaa.gov/>

**Telephone (toll free): 800-304-4846 (press "2")**

**Telephone (in Juneau): 907-586-7202 (press "2")**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

## COMPLETING THE APPLICATION

### BLOCK A - APPLICANT INFORMATION

1. Name: Full name, including middle initial, as it should appear on the Transfer Eligibility Certificate.
2. NMFS Person ID: NMFS will supply this number, if you do not already have one.
3. Taxpayer ID Number:  
If an individual, enter social security number (SSN).  
If a corporation, partnership, association, or other non-individual business entity, enter employer identification number.
4. Indicate whether permanent or temporary.  
Permanent: Permanent mailing address, including street or P.O. Box, city, state, and zip code.  
Temporary: Enter the address including street or P.O. Box, city, state, and zip code if you want the TEC documentation sent somewhere other than your permanent address.
- 5–7. Business Telephone Number, Business Fax Number, and Business E-mail address (if available)
8. Indicate whether you are a U.S. citizen. **If YES**, enter Date of Birth
9. Indicate whether you are a U.S. corporation, partnership, association, or other non-individual business entity.  
**If YES**, enter Date of Incorporation. **Attach** a Quota Share Holder: Identification of Ownership form.
10. Indicate whether you are a resident of Adak, Alaska.  
**If YES**, enter date residency began.

### BLOCK B - FREEZER SHARES

Indicate whether the TEC is intended for an entity that wishes to buy or lease Category A Quota Shares ONLY.

**If YES**, and you are a U.S. corporation, partnership, association, or other non-individual entity, please complete and **attach** a Quota Share Holder: Identification of Ownership form.

***Note:** You may be required to submit further evidence of eligibility, i.e., that you are the type of entity that would have been eligible to document a vessel under U.S. laws in effect in 1988, 1989, and 1990.*

### BLOCK C - COMMERCIAL FISHING EXPERIENCE

*(Copy this section if necessary to display all of the applicant's commercial fishing experience)*

1. Species: Enter any targeted species in a U.S. commercial fishery (*only one fishery per block*).
2. Gear Type: Enter any gear type used to legally harvest in a U.S. commercial fishery.
3. Location: Enter actual regulatory, statistical, or geographic harvesting location.
4. Date From: Enter starting date (*including month and year*) of fishing experience.
5. Date To: Enter ending date (*including month and year*) of fishing experience.
6. Number of Actual Days Spent Harvesting Fish during the claimed period in questions 4 and 5.
7. Duties Performed While Directly Involved in the Harvesting of Fish: List or describe your duties as a member of a harvesting crew for the claimed period in questions 4 and 5.

8. Vessel Name: Enter the registered name of the vessel upon which above duties were performed.
9. ADF&G or USCG Number: Enter the State of Alaska, Department of Fish & Game (ADF&G) vessel registration number or the U.S. Coast Guard (USCG) documentation number of the vessel listed in number 8.
10. Vessel Owner: Enter the name of the individual(s) or corporation(s) whose name is listed on the vessel ownership papers.
11. Vessel Operator: Enter the name of the person (*may be yourself*) in charge of operating the vessel.
12. Reference Name: Enter the name of a person (*other than yourself*) who is able to verify the above experience.
13. Reference's Relationship to You: Enter your reference's relationship to you.
14. Reference's Business Telephone Number: Enter your reference's business telephone number, including the area code.
15. Reference's Business Mailing Address: Enter your reference's business mailing address, including street or P.O. box number, city, state, and zip code.

#### **BLOCK D – SIGNATURE OF APPLICANT**

Applicant must print and sign his or her name and enter the date the application was signed. If the application is completed by the Applicant's authorized representative, **attach** proof of authorization. **The application will be considered incomplete without your signature and will not be processed.**