

<h2 style="margin: 0;">Application for Rockfish Cooperative Fishing Quota (CQ)</h2>	<p>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</p> 
---	---

This application must be submitted annually by each Rockfish Cooperative  
and received by NMFS **by March 1<sup>st</sup>**

- ◆ A Rockfish Cooperative that submits a complete application that NMFS approves will receive a CQ permit.
- ◆ The CQ permit will establish an annual amount of primary rockfish species, secondary species, and halibut prohibited species catch (PSC) based on the collective rockfish quota share (QS) of the License Limitation Program (LLP) licenses assigned to the rockfish cooperative by its members.
- ◆ A CQ permit will list the amount of CQ, by fishery, held by the Rockfish Cooperative, the members of the Rockfish Cooperative, LLP licenses assigned to that rockfish cooperative, and the vessels that are authorized to harvest fish under that CQ permit.

**ATTACHMENTS**

For the cooperative application to be considered complete, the following documents must be attached:

- ◆ A copy of the business license issued by the state where the Rockfish Cooperative is registered as a business entity
- ◆ A copy of the articles of incorporation or partnership agreement of the Rockfish Cooperative;
- ◆ A copy of the Rockfish Cooperative agreement signed by the members of the Rockfish Cooperative (if different from the articles of incorporation or partnership agreement of the Rockfish Cooperative)
- ◆ A copy of proposed fishing plan

**NOTE:** The articles of incorporation or cooperative agreement must specify that

- ◆ the Rockfish QS holders affiliated with Rockfish processors cannot participate in price setting negotiations, except as permitted by general antitrust law
- ◆ the Rockfish Cooperative has a monitoring program sufficient to ensure compliance with the Rockfish Program
- ◆ rockfish quota share holders who are members of the Rockfish Cooperative must ensure full payment of Rockfish cost recovery fees that may be due.

**BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION**

1. Rockfish Cooperative's Legal Name:	2. NMFS Person ID:
3. Type of business entity under which the cooperative is organized: <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Please specify)	

4. Date of Incorporation:	5. State in which the cooperative is legally registered as a business entity:	6. Name of Authorized Representative:
7. Permanent Business Address:		
8. Business Telephone Number:	9. Business Fax Number:	10. E-mail Address:

**BLOCK B – MEMBERS OF THE ROCKFISH COOPERATIVE  
LLP Holder and Ownership Documentation**

1. Full Name:	2. NMFS Person ID:
	3. LLP Number(s):

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) assigned to the rockfish cooperative and the percent of ownership each person and individual holds in the LLP license(s).

Name	% Ownership in LLP License

**LLP Holder and Ownership Documentation**

1. Full Name:	2. NMFS Person ID:
	3. LLP Number(s):

Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.

Name	% Ownership in LLP License

<b>LLP Holder and Ownership Documentation</b>	
1. Full Name:	2. NMFS Person ID:
	3. LLP Number(s):
Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.	
Name	% Ownership in LLP License

<b>LLP Holder and Ownership Documentation</b>	
1. Full Name:	2. NMFS Person ID:
	3. LLP Number(s):
Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.	
Name	% Ownership in LLP License

<b>LLP Holder and Ownership Documentation</b>	
1. Full Name	2. NMFS Person ID:
	3. LLP Number(s):
Enter the names of all persons, to the individual level, holding an ownership interest in the LLP license(s) listed above and the percentage ownership each person and individual holds in the LLP license(s). Attach additional pages as necessary.	
Name	% Ownership in LLP License



**BLOCK D – SHORESIDE PROCESSOR ASSOCIATE OF THE ROCKFISH COOPERATIVE**

1. Processor Name:	2. NMFS Person ID:
3. Facility Name:	4. ADF&G Processor Code:
	5. Federal Processor Permit Number:

**BLOCK E - CERTIFICATION OF COOPERATIVE AUTHORIZED REPRESENTATIVE**

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

1. Signature of Cooperative Authorized Representative:	2. Date Signed:
3. Printed Name of Cooperative Authorized Representative ( <i>attach authorization</i> ):	

**BLOCK F - CERTIFICATION OF PROCESSOR ASSOCIATE**

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

1. Signature of Shoreside Processor Authorized Representative:	2. Date Signed:
3. Printed Name of Shoreside Processor Authorized Representative ( <i>attach authorization</i> ):	

---

**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, 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 Fishery Conservation and Management Act (16 U.S.C. 1801, *et seq.*); 3) Some information collected on this application form is made available to the public on the NMFS Alaska Region webpage ([www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)). 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.

---

**PRIVACY ACT STATEMENT**

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

**PURPOSE:** NMFS uses the information provided on this application form to identify cooperatives eligible to participate in the Central Gulf of Alaska Rockfish Program; the license holders and vessels that are the members of each cooperative; and the person who is the authorized representative for the cooperative. In addition, NMFS uses the information on this application form as a basis for issuing annual cooperative quota for groundfish and halibut prohibited species to each eligible cooperative.

**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. NMFS posts some information from these application forms on its public website ([www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov)), including the name of the authorized representative of the cooperative, the business address of the cooperative, and the names of the license holders who are members of the cooperative. 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.

**DISCLOSURE:** Providing this information is voluntary; however, the failure to provide complete and accurate information will prevent the determination of eligibility and annual issuance of RP cooperative quota.

---

**Instructions for  
APPLICATION FOR ROCKFISH COOPERATIVE QUOTA (CQ)**

Catcher vessel sector: Those rockfish eligible harvesters, who hold an LLP license without a catcher/processor designation with at least one rockfish legal landing that could, or does, generate rockfish quota share (QS). Catcher vessels may form a cooperative with other catcher vessels with an association with any shoreside processor located within the geographic boundaries of the City of Kodiak. No minimum number of License Limitation Program (LLP) licenses is required.

Catcher/processor sector: Those rockfish eligible harvesters, who hold an LLP license with a catcher/processor designation that is assigned at least one rockfish legal landing that could, or does, generate rockfish QS. Catcher/processors may form a cooperative with other catcher/processors. No minimum number of LLP licenses required.

Rockfish Program Species of the Central Gulf of Alaska	
<u>Rockfish Primary Species:</u> 1. Northern rockfish 2. Pacific Ocean perch 3. Pelagic Shelf rockfish	<u>Rockfish Secondary Species:</u> 1. Sablefish not allocated to the IFQ Program 2. Thornyhead rockfish 3. Pacific cod for catcher vessel sector 4. Rougheye rockfish for the catcher/processor sector 5. Shortraker rockfish for the catcher/processor sector

A Rockfish CQ permit is valid only until the end of the calendar year for which the CQ permit is issued.

Fishing by vessels participating in a rockfish cooperative is authorized from 1200 hours, A.l.t., May 1 through 1200 hours, A.l.t., November 15.

**GENERAL INFORMATION**

**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 corporate account number for express delivery.

Application forms are available on the NMFS Alaska Region website at <https://alaskafisheries.noaa.gov/fisheries/central-goa-rockfish-program>

or by contacting NMFS at 800-304-4846, Option 2.

A completed application must be received by NMFS no later than 1700 hours, A.l.t., March 1 or if sent by U.S. mail, the application must be postmarked by that time. For applications delivered by hand delivery or carrier only, the receiving date of signature by NMFS staff is the date the application was received. If the application is submitted by fax, the receiving date of the application is the date stamped received by NMFS.

Objective written evidence of timely application will be considered as proof of a timely application.

This application may only be submitted to NMFS using the methods described below. Type or print legibly in ink; retain a copy of completed application for your records.

Complete application and submit:

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

by fax to: (907) 586-7354

If you need additional information, contact RAM at: (800) 304-4846 (Option #2) or

(907) 586-7202 (Option #2)

Print information in the application legibly in ink or type information.

Retain a copy of completed application for your records.

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

#### **ATTACHMENTS**

Include all of the attachments required at 50 CFR § 679.81(f)(4)(i) and listed on page 1 of the application form.

#### **BLOCK A – ROCKFISH COOPERATIVE IDENTIFICATION**

1. Rockfish cooperative's legal name
2. NMFS Person ID
3. Type of business entity under which organized
4. Date of Incorporation
5. State in which legally registered as a business entity
6. Name of the authorized representative
7. Permanent business address, including P.O. Box number or street address, city, state, and zip code
- 8-9. Business telephone number and fax number, including area code
10. Business e-mail address

#### **BLOCK B – MEMBERS OF ROCKFISH COOPERATIVE (*LLP Holder and Ownership Documentation*)**

*(Copy this page to accommodate additional coop members)*

1. Full name of member
2. NMFS Person ID
3. LLP license number(s)
4. List all persons, to the individual level, holding an ownership interest in the LLP(s) assigned to the rockfish cooperative and the percent of ownership each person and individual holds in the LLP license(s).

#### **BLOCK C -- IDENTIFICATION OF ROCKFISH COOPERATIVE MEMBER VESSELS**

Provide a list of any vessels that may be used by the cooperative to harvest CQ during the year for which CQ is applied.

This list may not be modified during the year for which the CQ permit is issued. For each vessel provide:

Vessel name

Alaska Department of Fish and Game (ADF&G) vessel registration number

U.S. Coast Guard (USCG) documentation number

**BLOCK D – SHORESIDE PROCESSOR ASSOCIATE OF THE ROCKFISH COOPERATIVE**

1. Processor name
2. NMFS Person ID
3. Facility name
4. ADF&G processor code
5. Federal processor permit (FPP) number

**BLOCK E – CERTIFICATION OF COOPERATIVE**

The Rockfish Cooperative’s authorized representative must enter printed name, sign, and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief.

**BLOCK F – CERTIFICATION OF PROCESSOR ASSOCIATE**

The Processor Associate’s authorized representative must enter printed name, sign, and date the application certifying that all information is true, correct, and complete to the best of his/her knowledge and belief.