
	<p>Application for Exemption from CR Crab North or South Region Delivery Requirements</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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ALL persons applying for an exemption from regional delivery requirements must submit both Part I and Part II of this application to receive an exemption.

PART I – PRESEASON APPLICATION FOR EXEMPTION																			
<p style="text-align: center;">NMFS must receive the Preseason Application no later than October 15. Submit Part I as a single package with a completed, signed, and dated application from each IFQ Permit Holder, IPQ Permit Holder, and Community Representative that signed the framework agreement.</p>																			
<p style="text-align: center;">Total number of applicants who have signed the Preseason Application: _____</p>																			
<p>IDENTIFY EACH APPLICANT Duplicate this form as needed for each applicant. If this application is completed by an authorized representative, attach documentation.</p>																			
1. Print Name of Applicant	2. NMFS Person ID																		
<p>3. Indicate Type of Applicant (select only one): <input type="checkbox"/> IFQ Permit Holder <input type="checkbox"/> IPQ Permit Holder <input type="checkbox"/> Community Representative</p>																			
<p>4. Identify the CR crab fishery, IFQ amount, and IPQ amount subject to the framework agreement:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Bering Sea snow crab</td> <td style="width: 20%;">Total Amount of IFQ _____</td> <td style="width: 40%;">Total Amount of IPQ _____</td> </tr> <tr> <td><input type="checkbox"/> Bristol Bay red king crab</td> <td>Total Amount of IFQ _____</td> <td>Total Amount of IPQ _____</td> </tr> <tr> <td><input type="checkbox"/> Pribilof red king and blue king crab</td> <td>Total Amount of IFQ _____</td> <td>Total Amount of IPQ _____</td> </tr> <tr> <td><input type="checkbox"/> St. Matthew blue king crab</td> <td>Total Amount of IFQ _____</td> <td>Total Amount of IPQ _____</td> </tr> <tr> <td><input type="checkbox"/> Western Aleutian Islands red king crab</td> <td>Total Amount of IFQ _____</td> <td>Total Amount of IPQ _____</td> </tr> <tr> <td><input type="checkbox"/> Eastern Aleutian Islands golden king crab</td> <td>Total Amount of IFQ _____</td> <td>Total Amount of IPQ _____</td> </tr> </table>		<input type="checkbox"/> Bering Sea snow crab	Total Amount of IFQ _____	Total Amount of IPQ _____	<input type="checkbox"/> Bristol Bay red king crab	Total Amount of IFQ _____	Total Amount of IPQ _____	<input type="checkbox"/> Pribilof red king and blue king crab	Total Amount of IFQ _____	Total Amount of IPQ _____	<input type="checkbox"/> St. Matthew blue king crab	Total Amount of IFQ _____	Total Amount of IPQ _____	<input type="checkbox"/> Western Aleutian Islands red king crab	Total Amount of IFQ _____	Total Amount of IPQ _____	<input type="checkbox"/> Eastern Aleutian Islands golden king crab	Total Amount of IFQ _____	Total Amount of IPQ _____
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AFFIDAVIT																			
<p>Under penalty of perjury, I certify and affirm that—</p> <p><input type="checkbox"/> I have signed a Framework Agreement that specifies all elements required at 50 CFR 680.4(p)(4)(ii)(B).</p> <p><input type="checkbox"/> I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information and claims presented here are true, correct, and complete.</p>																			
5. Signature of Applicant	6. Date Signed																		

PART II – INSEASON NOTICE OF EXEMPTION

NMFS must receive the Inseason Notice at least **one day before** the day you want the exemption to take effect. Submit Part II as a single package with a completed, signed, and dated application from each IFQ Permit Holder, IPQ Permit Holder, and Community Representative that signed the exemption contract.

Total Number of Applicants who have signed this Inseason Notice: _____

Identify the Preseason Application Number Assigned by NMFS: _____

IDENTIFY EACH APPLICANT

Duplicate this form as needed for each applicant.

If this application is completed by an authorized representative, attach documentation.

1. Print Name of Applicant

2. NMFS Person ID

3. Indicate Type of Applicant (select only one):

IFQ Permit Holder

IPQ Permit Holder

Community Representative

4. Identify the CR crab fishery, IFQ amount, and IPQ amount subject to the framework agreement:

- | | | |
|--|---------------------------|---------------------------|
| <input type="checkbox"/> Bering Sea snow crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |
| <input type="checkbox"/> Bristol Bay red king crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |
| <input type="checkbox"/> Pribilof red king and blue king crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |
| <input type="checkbox"/> St. Matthew blue king crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |
| <input type="checkbox"/> Western Aleutian Islands red king crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |
| <input type="checkbox"/> Eastern Aleutian Islands golden king crab | Total Amount of IFQ _____ | Total Amount of IPQ _____ |

AFFIDAVIT

Under penalty of perjury, I certify and affirm that—

I have signed an **Exemption Contract** that specifies all elements required at 50 CFR 680.4(p)(4)(iii)(B).

I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information and claims presented here are true, correct, and complete.

5. Signature of Applicant

6. Date Signed

**Instructions for
APPLICATION FOR EXEMPTION FROM
CR CRAB NORTH OR SOUTH REGIONAL DELIVERY REQUIREMENTS**

**This two-part application form is available on the NMFS Alaska region website
(<http://alaskafisheries.noaa.gov/>).**

Each IFQ Permit Holder, IPQ Permit Holder, and Community Representative must complete, sign, and submit Parts I and II of this application in order for the exemption to be effective.

The effective date of the exemption is the day after NMFS receives a complete inseason notice of exemption. NMFS prohibits any delivery of individual fishing quota (IFQ) crab or use of individual processing quota (IPQ) outside of the designated region prior to the effective date of the exemption.

An exemption from regional delivery requirements would be valid for the remainder of the crab fishing season during which the inseason notice of exemption was submitted to NMFS. If the inseason notice of exemption specifies that compensated deliveries will occur in the following crab fishing year, the exemption will remain in effect for the specified IFQ and IPQ in the following crab fishing year.

Federal regulations require that crab harvested with IFQ designated for delivery to a processor in either the North Region or South Region, must be delivered in that region. Likewise crab purchased with IPQ designated for processing in either the North Region or South Region, must be processed in that region.

This application is for IFQ holders and IPQ holders to request an exemption from these regional delivery requirements for the Bristol Bay red king crab, Bering Sea snow crab, Saint Matthew Island blue king crab, Eastern Aleutian Islands golden king crab, Western Aleutian Islands red king crab, or Pribilof Islands red and blue king crab fisheries. An exemption would mitigate safety risks and economic hardships that arise out of events that prevent compliance with the regional delivery requirements.

Eligible applicants are provided in the table below. Multiple parties may apply for an exemption; however, a minimum of one Class A IFQ holder, one IPQ holder, and one community representative are required for each application.

IFQ holders	Any person holding regionally designated IFQ for Bristol Bay red king crab, Bering Sea snow crab, Saint Matthew Island blue king crab, Eastern Aleutian Islands golden king crab, Western Aleutian Islands red king crab, or Pribilof Islands red and blue king crab, or their authorized representative.
IPQ holders	Any person holding IPQ matched to regionally designated IFQ for Bristol Bay red king crab, Bering Sea snow crab, Saint Matthew Island blue king crab, Eastern Aleutian Islands golden king crab, Western Aleutian Islands red king crab, or Pribilof Islands red and blue king crab, or their authorized representative.
Community representative	For communities that hold or formerly held the right of first refusal (ROFR), the community representative is the ECC entity, as defined at § 680.2. For the Bering Sea snow crab and Saint Matthew Island blue king crab PQS issued without a ROFR, the community representative for Saint Paul and Saint George shall be either: (1) the community representative that the Aleutian Pribilof Islands Community Development Association and the Central Bering Sea Fishermen’s Association designate in writing to NMFS, or (2) both Aleutian Pribilof Islands Community Development Association and the Central Bering Sea Fishermen’s Association.

Submit the completed Preseason Application for Exemption and Inseason Notice of Exemption to NMFS using any one of the following methods:

- ◆ Mail: NMFS Regional Administrator,
c/o Restricted Access Management Program
P.O. Box 21668
Juneau, AK 99802-1668; or
- ◆ Fax: 907-586-7354; or
- ◆ Hand delivery or carrier: NMFS
Room 713, 709 West 9th Street
Juneau, AK 99801

COMPLETING THE APPLICATION

When submitted, Part I and Part II must include, as part of a single package, a completed signed and dated application from each IFQ Permit Holder, IPQ Permit Holder, and Community Representative that signed the framework agreement and the exemption contract.

PART I -- PRESEASON APPLICATION FOR EXEMPTION

Part I of the Application for Exemption from CR Crab North or South Region Delivery Requirements must be received by NMFS on or before **October 15** of the crab fishing year.

All applicants must enter into a **Framework Agreement** that implements terms under which an exemption would be exercised.

Each IFQ Permit Holder, IPQ Permit Holder, and Community Representative that signs the Framework Agreement must complete and sign Part I of this application.

- ◆ Indicate total number of applicants who have signed this Preseason Application.

IDENTIFY APPLICANT

- 1-2. Print Name and NMFS Person ID of Applicant. If this application is completed by an authorized representative, attach documentation.
3. Indicate Type of Applicant: IFQ Permit Holder, IPQ Permit Holder, or a Community Representative. Select only one per application.

AFFIDAVIT

Affirm by checking the box that, under penalty of perjury, you have signed a **Framework Agreement** that specifies all elements required at § 680.4(p)(4)(ii)(B). The **Framework Agreement** must specify

- ◆ The actions that the parties will take to reduce the need for an exemption and, if an exemption is needed, to reduce the amount of IFQ and IPQ that is subject to an exemption.
- ◆ The circumstances under which the parties would execute an exemption contract and receive an exemption.

- ◆ The actions that the parties would take to mitigate the effects of an exemption.
- ◆ The compensation, if any, that any party would provide to any other party.
- ◆ Any arrangements for compensated deliveries in that crab fishing year or the following crab fishing year.

Affirm by checking the box that, under penalty of perjury, you have examined the information and the claims provided on this application and, to the best of your knowledge and belief, the information presented here is true, correct, and complete.

5-6. Sign and date the form.

PART II -- INSEASON NOTICE OF EXEMPTION

The inseason notice is required if the applicants that signed the preseason application want an exemption from regional delivery requirements during the fishing season. Applicants submit the inseason notice to NMFS prior to the day that the exemption is being sought. The exemption will allow regionally designated CR crab to be landed outside of the designated region.

IDENTIFY APPLICANT

- 1-2. Print Name and NMFS Person ID of Applicant. If this application is completed by an authorized representative, attach documentation.
3. Indicate Type of Applicant: IFQ Permit Holder, IPQ Permit Holder, or a Community Representative. Select only one per application.
4. Identify the CR crab fishery, IFQ amount, and IPQ amount for which the exemption is requested. Select one or more of the listed CR crab fisheries. NMFS will only exempt the IFQ and IPQ specified on the **inseason notice** from the regional delivery requirements.

AFFIDAVIT

Affirm by checking the box that, under penalty of perjury, you have signed an **Exemption Contract** that specifies all elements required at § 680.4(p)(4)(iii)(B). The **Exemption Contract** specifies the terms under which an exemption would be exercised. The **Exemption Contract** must specify

- ◆ The circumstances under which the exemption is being requested.
- ◆ The action that the parties must take to mitigate the effects of the exemption.
- ◆ The compensation, if any, that any party must make to any other party.
- ◆ Any arrangements for compensated deliveries in that crab fishing year or the following crab fishing year.

Affirm by checking the box that, under penalty of perjury, you have examined the information and the claims provided on this application and, to the best of your knowledge and belief, the information presented here is true, correct, and complete.

5-6. Sign and date the form.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 20 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, NOAA Fisheries Service, National Marine Fisheries Service, 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 not confidential.
