



**APPLICATION FOR  
REPLACEMENT OF  
CERTIFICATES, PERMITS, OR  
CARDS**

U.S. Dept. of Commerce/NOAA  
National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
Juneau, Alaska 99802-1668  
(800) 304-4846 toll free / 586-7202 in Juneau  
(907) 586-7354 fax



**BLOCK A - IDENTIFICATION OF APPLICANT**

1. Name:		2. NMFS Person ID:	
3. Date of Birth:		4. SSN (optional) or Tax ID:	
5. Business Mailing Address: [ ] Permanent [ ] Temporary			
6. Business Phone:		7. Fax:	

**BLOCK B - REPLACEMENT REQUEST**  
[Check Only the Items that Apply]

[ ] **QS Certificate:** Units \_\_\_\_\_ Area \_\_\_\_\_ Species \_\_\_\_\_ Vessel Category \_\_\_\_\_  
Is this QS Certificate requested for a pending QS/IFQ transfer? [ ] Yes [ ] No

[ ] **IFQ Fishing Permit:** Permit Number \_\_\_\_\_ Species \_\_\_\_\_

[ ] **IFQ/CDQ Landing Card** for individual permit holder Permit Number \_\_\_\_\_ Species \_\_\_\_\_

[ ] **Hired Skipper Card :** Permit Number \_\_\_\_\_ Skipper Name \_\_\_\_\_ Skipper NMFS Person ID \_\_\_\_\_  
(Application Must be Completed and Signed by Permit Holder Only)

[ ] **Transfer Eligibility Certificate (TEC):** NMFS Person ID \_\_\_\_\_

[ ] **Registered Buyer Permit:** Permit Number \_\_\_\_\_

[ ] **Subsistence Halibut Registration Number:** \_\_\_\_\_

[ ] **Federal Fisheries/Processor Permit (FFP/FPP):** Permit Number \_\_\_\_\_ Vessel ADF&G Number \_\_\_\_\_

[ ] **Scallop License Limitation License (SLLP):** License Number \_\_\_\_\_

[ ] **License Limitation License (LLP):** Crab License Number \_\_\_\_\_ Groundfish License Number \_\_\_\_\_

[ ] **American Fisheries Act (AFA) Permit:** Permit Number \_\_\_\_\_ USCG Number \_\_\_\_\_  
ADF&G Number \_\_\_\_\_

**BLOCK C - REASON FOR REPLACEMENT REQUEST**

Lost [ ] Destroyed [ ] Stolen [ ] Other [ ] (explain) \_\_\_\_\_

**BLOCK D - CERTIFICATION OF APPLICANT AND NOTARY**

Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.

1. Signature of Applicant or Authorized Agent:		2. Date:	
3. Printed Name of Applicant or Authorized Agent ( <b>Note:</b> If this is completed by an agent, attach authorization) :			
4. Notary Public Signature:		5. Affix Notary Stamp or Seal Here:	
6. Commission Expires:			

**INSTRUCTIONS**  
**Application for Replacement of Certificates, Permits, or Cards**



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

**Allow at least 10 business days for your application to be processed.** Items will be sent by U.S. First-Class Mail, unless alternative mailing instructions are provided with RAM's receipt of the application **and** include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

If you have any questions about this application or need additional information, call Restricted Access Management (RAM) at **(800) 304-4846 (#2)** or **(907) 586-7202 (#2)**.

Completed applications should be mailed to:

**NMFS Alaska Region**  
**Restricted Access Management**  
**P.O. Box 21668**  
**Juneau, Alaska 99802-1668**

***BLOCK A - IDENTIFICATION OF APPLICANT***

Provide the information requested below regarding the replacement of the item(s) requested.

1. Name: The full name of the individual, corporation, or partnership that is the holder of the permit, card, certificate, and/or license being replaced. **Note:** If a landing card is being replaced for a hired skipper, the applicant completing and signing the application **must** be the CDQ/IFQ permit holder.
2. NMFS Person ID: The identification number assigned to the applicant by National Marine Fisheries Service, RAM.
3. Date of Birth: If the applicant is an individual person, enter that person's date of birth.
4. SSN or Tax ID:  

**Privacy Act Statement:** Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is voluntary; in the event it is not provided, NMFS will assign a unique code that will identify the records.
5. Business Mailing Address: Enter the business mailing address, including street or P.O. Box number, state, and zip code, where the item(s) should be sent. Check whether the address provided is a permanent or temporary address. If you check "Permanent Address," we will update the official RAM database. If you choose "Temporary Address," we will use it for this one application only and we will not change the RAM database.
- 6-7. Business Phone and Fax: The business telephone and fax numbers including the area codes. **Note:** It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

***BLOCK B - REPLACEMENT REQUEST***

Check the block for each of the items you are requesting to be replaced. Fill out **only** the information that pertains to the items that have been checked.

## **BLOCK C - REASON FOR REPLACEMENT REQUEST**

Indicate the reason(s) for replacement of the items checked in Block B.

## **BLOCK D - CERTIFICATION OF APPLICANT AND NOTARY**

- 1-2. Signature of Applicant or Authorized Agent: The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature. **Note**: If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
3. Printed Name of Applicant or Authorized Agent: Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.
- 4-6. Notary Public: A Notary Public must attest and affix notary stamp or seal. Because this application requires a notarized signature, **applications received by Fax will not be processed.**

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### **PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.5 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 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.). They are also confidentiality under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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