Rev: 10/2/03			-	OMB Control No. 0648-0393	Exp: 7/31/06	
	Application AMERICAN FISHE Inshore Catch Cooperative DUE DECE	RIES ACT (AFA) her Vessel e Permit		Atmospheric Administration ries Service, Alaska Region -1668	TO STATE AND ATTOSPHERE	
*Due December 1	*Due December 1 of the year prior to the year for which the co-op permit will be in effect. Late applications will not be accepted.					
BLOCK A - COOPERATIVE CONTACT INFORMATION						
1. Name of Cooperative			2. Name of Cooperative Representative			
3. Co-op Business Mailing Address (P.O. box or street, city, state, zip code)						
4. Business Telephone Number 5. Business FAX		Χ	6. E-mail Address			

BLOCK B - DESIGNATED COOPERATIVE PROCESSOR INFORMATION

Provide the following information for the AFA Inshore Processor who is designated in the cooperative contract as the processor to whom the cooperative has agreed to deliver at least 90 percent of its BSAI pollock catch

Name

Physical location of AFA Inshore Processor	Federal Processor Permit Number

BLOCK C - COOPERATIVE CONTRACT INFORMATION			
NOTE: This application is not valid and cannot be processed without the submission of a copy of the co-op contract and certification.			
Have you attached:			
(1) A copy of the cooperative contract	Yes [ ] No [ ]		
<ul><li>(2) A written certification that:</li><li>The contract was signed by the owners of at least 80 percent of the qualified catcher vessels;</li></ul>	Yes [ ] No [ ]		
The cooperative contract requires that the cooperative deliver at least 90 percent of its BSAI pollock catch to its designated AFA processor; and			
Each catcher vessel in the cooperative is a qualified catcher vessel is otherwise eligible to fish for groundfish in the BSAI has an AFA catcher vessel permit with an inshore endorsement has no permit sanctions or other type of sanctions against it that would prevent it from fishing for groundfish in the BSAI;			
(3) A copy of a letter requesting a business review letter on the fishery cooperative from the Department of Justice and any response to such request?	Yes [ ] No [ ]		

## **BLOCK D - VESSEL INFORMATION** List all co-op member catcher vessels. List complete information for each co-op catcher vessel member (attach additional pages if necessary). 1. Vessel Name 2. ADF&G Vessel Registration 3. USCG Documentation 4. AFA Permit Number Number Number 1. Vessel Name 2. ADF&G Vessel Registration 3. USCG Documentation Number 4. AFA Permit Number Number 1. Vessel Name 2. ADF&G Vessel Registration 3. USCG Documentation Number 4. AFA Permit Number Number 2. ADF&G Vessel Registration 1. Vessel Name 3. USCG Documentation Number 4. AFA Permit Number Number

3. USCG Documentation Number

4. AFA Permit Number

2. ADF&G Vessel Registration

Number

1. Vessel Name

1. Vessel Name	2. ADF&G Vessel Registration Number	3. USCG Documentation Number	4. AFA Permit Number
1. Vessel Name	2. ADF&G Vessel Registration Number	3. USCG Documentation Number	4. AFA Permit Number
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1. Vessel Name	2. ADF&G Vessel Registration Number	3. USCG Documentation Number	4. AFA Permit Number

## BLOCK E - CERTIFICATION OF NOTARY AND APPLICANT

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented hereon is true, correct, and complete.				
1. Signature of Co-op Representative	2. Date			
3. Printed Name of Co-op Representative				
4. Notary Public (Signature) ATTEST	6. Affix Notary Stamp or Seal Here			
5. Commission Expires				

Please mail completed application to

NMFS Alaska Region Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668.

If you need additional information, call RAM toll free at (800) 304-4846 (#2) or (907) 586-7202 (#2).

## 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 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 Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802-1668.

## ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the American Fisheries Act; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of persons seeking to participate in the groundfish fisheries under authority of AFA; 5) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 6) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.