

Subsistence Halibut Registration Certificate Application

U.S. Dept of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, Alaska 99802-1668 FAX (907) 586-7354



Block A - Type of Subsistence Halibut Registration			
Please indicate the type of registration under which you are applying	(please mark only one):		
[] Rural Resident Registration	[] Alaska Native Tribal Registration		
If you are applying as a resident of an Alaska rural community as def Those applying as a member of an Alaska Native Tribe as defined in			
Block B - Alaska Rural Resident Registration			
1. Name of Fisherman: (First, Middle, Last)	2. Community of Residence	2. Community of Residence	
3. Mailing Address: (Number, Street, City, State, Zip Code)	4. Date of Birth	4. Date of Birth5. Daytime Telephone Number	
	5. Daytime Telephone Num		
6. I certify that I am a "Rural Resident" as defined at 50 CFR 300.61.			
Signature of Applicant	Date		
Block C - Alaska Native Tribal Registration			
1. Name of Fisherman: (First, Middle, Last)	2. Name of Alaska Native	2. Name of Alaska Native Tribe	
3. Mailing Address: (Street, City, State, Zip Code)	4. Community of Residence	4. Community of Residence	
	5. Daytime Telephone	6. Date of Birth	
7. I certify that I am a member of an "Alaska Native Tribe" as define	ed at 50 CFR 300.61.		
Signature of Applicant	Date		

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes 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 Alaska Subsistence Halibut Program; 3) Federal law and regulations require and authorize NMFS to manage the subsistence halibut program in Alaska; 4) Submission of this information is required of all persons seeking to participate in directed fishing for Pacific halibut under the subsistence halibut program; 5) This information is mandatory and is required to monitor the subsistence halibut program under 50 CFR part 679, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.), and under the Northern Pacific Halibut Act of 1982; 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.

Instructions for Completing the Application Form for the

SUBSISTENCE HALIBUT REGISTRATION CERTIFICATE (SHARC)

Program Information

The Halibut Subsistence Fishery is authorized by Federal regulations at 50 CFR Part 300 and provides for eligible persons to conduct subsistence halibut fishing in Convention waters off Alaska.

Subsistence halibut means halibut caught by a rural resident or a member of an Alaska Native tribe for direct personal or family consumption as food, sharing for personal or family consumption as food, or for customary trade.

Eligible persons are identified as those who are:

- 1. residents of rural communities with customary and traditional uses of halibut; and
- 2. members of federally recognized Alaska Native Tribes with customary and traditional uses of halibut.

For purposes of the program,

Rural Resident means, a person domiciled in a rural community who has maintained a domicile in that rural community for 12 consecutive months immediately preceding the time when the assertion of residence is made and who is not claiming residency in any other state, territory, or country.

Alaska Native Tribe means, for purposes of the subsistence fishery for Pacific halibut in waters in and off Alaska, a federally recognized Alaska Native tribe that has customary and traditional use of halibut (list attached).

Completing the Application

Block A – Type of Subsistence Halibut Registration

Check whether you, are applying for a Subsistence Halibut Registration Certificate a "Rural Resident" or as a member of an "Alaska Native Tribe" (you must choose one or the other). If applying as an Alaska Rural Resident, please complete Block B. If applying as a member of a federally recognized Alaska Native tribe, complete Block C.

Block B – Alaska Rural Resident Registration

- 1. Enter your full name (First, Middle, Last). Please include any suffixes such as Jr., Sr., etc.
- 2. Enter your Community of Residence (city and state). This Community must be one of the rural communities listed in CFR 300.65(f)(1).
- 3. Enter your **permanent** mailing address, including P.O. Box, street, state, and zip code. The SHARC will be sent to this address.
- 4. Enter your date of birth (Month/Day/Year).
- 5. Enter a daytime telephone number, including area code.
- 6. Sign and date the application. You must sign and date the application certifying all information contained in the application is true, correct, and complete to the best of your knowledge and belief. The application will be considered incomplete without your signature and will not be processed.

- 1. Enter your full name (First, Middle, Last). Please include any suffixes such as Jr., Sr., etc.
- 2. Enter the name of the Alaska Native Tribe of which you are a member that qualifies you as eligible to fish for subsistence halibut. This tribe must be one of the Alaska Native Tribes listed in 50 CFR 300.65(f)(2).
- 3. Enter your **permanent** mailing address, including P.O. Box, street, state, and zip code. The SHARC will be sent to this address.
- 4. Enter your Community of Residence (city and state).
- 5. Enter a daytime telephone number, including area code.
- 6. Enter your date of birth (Month/Day/Year)..
- 7. Sign and date the application. You must sign and date the application certifying all information contained in the application is true, correct, and complete to the best of your knowledge and belief. The application will be considered incomplete without your signature and will not be processed.

Mail the completed application to:

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

Or deliver the completed application to:

Federal Building 709 W. 9th Street, Suite 713 Juneau, Alaska 99801

If you have questions when completing the application, please

- o call RAM at (800) 304-4846 (select option 2) or (907) 586-7202 (select option 2),
- o check our web site at www.fakr.noaa.gov/ram, or
- o e-mail your questions to RAM.Alaska@noaa.gov.

Special Handling of Certificates

Please allow at least 10 days for processing your SHARC. You may FAX your application to us at (907) 586-7354, to expedite processing, or use the alternative methods mentioned below.

If you would like to have your SHARC sent by a method other than regular mail, please attach a note indicating a method, and follow the appropriate procedure below.

Express Mail. If you would like to have your SHARC sent to you by U.S. Postal Express Mail, send us an express mail envelope with the correct amount of postage prepaid or send express mail stamps UNATTACHED to an envelope. **NOTE**: If the express mail envelope you send is too small or the postage attached is less than the amount required, your SHARC will be sent to you by regular U.S. mail.

Other Express Carriers. If you would like to have your SHARC sent to you by a private express carrier, e.g., Federal Express, UPS, DHL, etc., submit your account number and name of carrier or a prepaid envelope with the permit application.