

	<b>APPLICATION FOR TRANSFER OF SCALLOP LICENSE</b>		U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax	
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**BLOCK A - LICENSE INFORMATION**

1. License Number: \_\_\_\_\_

2. What is the total **PRICE** (if any), including all fees, being paid for this license? \$\_\_\_\_\_

**Note: The original license to be transferred must be included with this application, together with a copy of the sales contract or other agreement between the parties, that sets out the terms and conditions of the proposed transfer.**

**BLOCK B - TO BE COMPLETED BY THE PROPOSED TRANSFEROR (SELLER)**

1. Name(s)	2. Business Mailing Address (street or P.O. Box, city, state, zip code)	
3. SSN or Tax ID	4. Business Telephone	5. Business Fax

**BLOCK C - TO BE COMPLETED BY THE PROPOSED TRANSFEREE (BUYER)**

1. Are you a U.S. citizen, or a U.S. corporation, partnership, or other association?     Yes     No  
**If "No," STOP.** Only U.S. citizens may hold a scallop license.

2. Name(s)	3. Business Mailing Address (street or P.O. Box, city, state, zip code)	
4. SSN or Tax ID	5. Business Telephone	6. Business Fax

**BLOCK D - CERTIFICATION**

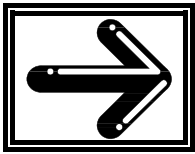
**NOTE:** All parties to the requested transfer must complete and sign this Application for Transfer of Scallop License and signatures must be notarized. **Failure to have signatures properly notarized will result in processing delays.**

**NOTE:** If an agent is signing on behalf of a party, authorization (in the form of a Power of Attorney or other legally sufficient documentation) must be submitted with this application, or be on file with the RAM Program.

**Under Penalty of perjury, I declare that, to the best of my knowledge and belief, the information presented on this application is true, correct, and complete.**

1. Signature of Transferor(s) (or Agent)	2. Printed name of Transferor(s) (or Agent)	3. Date
4. Title, if Agent	5. <b>Affix Notary Stamp or Seal Here</b>	
<b>ATTEST</b> 6. Notary Public		
7. Commission Expires		

1. Signature of Transferee(s) (or Agent)	2. Printed name of Transferee(s) (or Agent)	3. Date
4. Title, if Agent	5. <b>Affix Notary Stamp or Seal Here</b>	
<b>ATTEST</b> 6. Notary Public		
7. Commission Expires		



# INSTRUCTIONS



## Application for Transfer of Scallop License

### *General Information*

The Scallop License Limitation Program is authorized in Federal regulations at 50 CFR Part 679, and provides that any vessel that is deployed in the scallop fisheries in Federal waters off Alaska must carry a valid scallop license.

A license is transferable; i.e., once issued, it may be transferred by its holder(s) to another person(s) who may then use the license aboard a vessel deployed in the Federal scallop fishery in the waters off Alaska (subject to the restrictions of the license).

Scallop licenses have no area endorsements, all licenses are statewide.

#### **Restrictions:**

**Gear:** If a vessel did not make a legal landing of scallops outside Cook Inlet (State of Alaska Registration Area H) in 1 of the 3 years 1996, 1997, or 1998, through October 9, 1998, the license would be restricted to a single 6 foot (1.8 m) dredge.

**Maximum Length Overall (MLOA):** Each license displays an MLOA (in feet). MLOA is restricted to 100% of the LOA of the qualifying vessel or, 100% of the LOA of the largest vessel used in the recent qualifying period.

## Completing the Application

### *Block A -- License Information*

1. Enter the number of the license to be transferred.
2. Enter the total price, including brokerage fees, being paid for the license. Enter "zero" if the transfer is being proposed pursuant to a gift agreement or for non-monetary consideration.

**Note:** The original license **must** be included with the application, together with a complete copy of the sales contract, or other agreement between the parties, that sets out the terms and conditions of the proposed transfer.

### ***Block B -- To be Completed by the Proposed Transferor (Seller)***

1. Enter the proposed transferor's name(s).
2. Enter the proposed transferor's business mailing address, including street or P.O. Box, city, state, and zip code.
3. Enter the proposed transferor's Social Security Number (SSN) or Tax Identification Number.

**Privacy Act Statement:** Federal regulations (at 50 CFR Part 679) authorize collection of this information. This information is used to verify the identity of the applicant and to accurately retrieve confidential records related to federal commercial fishery licenses. Where the requested information is your Social Security Number (SSN), disclosure of your SSN is voluntary; in the event that you do not provide it, NMFS will assign a unique code that will identify your records.

4. Enter the proposed transferor's business telephone number.
5. Enter the proposed transferor's business facsimile (fax) number.

### ***Block C -- To be Completed by the Proposed Transferee (Buyer)***

1. Indicate if the proposed transferee is a U.S. citizen, or a U.S. business (corporation, partnership, or other association). If "**No**," **STOP**. Only U.S. citizens may hold a scallop license.
2. Enter the proposed transferee's name(s) .
3. Enter the proposed transferee's business mailing address, including street or P.O. Box number, and city, state, and zip code.
4. Enter the proposed transferee's Social Security Number (SSN) or Tax Identification (note the Privacy Act Statement set out above).
5. Enter the proposed transferee's business telephone number.
6. Enter the proposed transferee's business facsimile (fax) number.

### ***Block D -- Certification***

#### **Proposed Transferor**

- 1-3. The proposed transferor (or an authorized agent) must sign, print his/her name(s), and date the application in the presence of a Notary Public.
4. Enter the title of the agent, if any.

Note: if an agent is signing on behalf of the license holder, authorization (in the form of a Power of Attorney or other legally sufficient documentation) must be submitted with the application or be currently on file with the RAM Program.

5-7. To be completed by a Notary Public.

### **Proposed Transferee**

1-3. The proposed transferee (or authorized agent) must sign, print his/her name(s), and date the application in the presence of a Notary Public.

4. Enter the title of the agent, if any.

Note: if an agent is signing on behalf of the proposed transferee, authorization (in the form of a Power of Attorney or other legally sufficient documentation) must be submitted with the application or be currently on file with the RAM Program.

5-7. To be completed by a Notary Public.

### ***Application Processing***

Please allow at least 10 days for processing of your application. We require an original notarized Application for Transfer of Scallop License and any required attachments, including the original license. We regret a license cannot be returned to you by fax.

Upon approval of an Application for Transfer of Scallop License, RAM will void the license in the name of the transferor and mail a new license to the new holder's address via first class mail, **unless** a pre-paid express envelope or an account number for a private express carrier has been provided, or arrangements have been made to have the transaction expedited by a private facilitator or courier.

For additional information, please contact:

**National Marine Fisheries Service  
Restricted Access Management  
P.O. Box 21668  
709 W. 9th St., Suite 713  
Juneau, AK 99802-1668**

**Tel: 800-304-4846 (#2) or 907-586-7202 (#2)**

**Fax: 907-586-7354**

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The information requested on this application is for the express purpose of ensuring that transfers of scallop licenses are properly executed as requested by the parties to the transfer and to ensure that all provisions of the federal regulations governing the transfer of such licenses, 50 CFR 679.4(1)(4), have been met.

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 1.0 hour 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 the Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668 (Attn: Lori Gravel).

***ADDITIONAL INFORMATION***

Before completing this application, 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 being used to manage the Scallop License Limitation Program; 3) Submission of an Application for Transfer of Scallop License is required of those seeking to obtain such a transfer; 5) 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.

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