

REQUEST FOR SURF CLAM - OCEAN QUAHOG TRANSFER

Check appropriate box and provide all information requested.



SUBMIT TO  
SURF CLAM/OCEAN QUAHOG TRANSFERS  
US DEPARTMENT OF COMMERCE, NOAA  
NATIONAL MARINE FISHERIES SERVICE  
ONE BLACKBURN DRIVE, GLOUCESTER, MA 01930

PERMANENTLY transfer allocation as follows:

From: \_\_\_\_\_  
(name in which allocation is owned) (allocation #)

To: \_\_\_\_\_  
(name in which allocation is owned) (allocation #)

Cages \_\_\_\_\_ Tag numbers \_\_\_\_\_ through \_\_\_\_\_

TEMPORARILY transfer cage tags as follows:

From: \_\_\_\_\_  
(name in which allocation is owned) (allocation #)

To: \_\_\_\_\_  
(name in which allocation is owned) (allocation #)

Cages \_\_\_\_\_ Tag numbers \_\_\_\_\_ through \_\_\_\_\_

If recipient is a new allocation holder, the following information is required (NMFS will assign the new allocation number):

Vessel \_\_\_\_\_  
Owner \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Signed: \_\_\_\_\_  
(Transferer)

Signed: \_\_\_\_\_  
(Recipient)

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

This form is required under 50 CFR § 648.70 to monitor both permanent and temporary ownership of surf clam and ocean quahog individual quota allocations. Signature of this form certifies that allocation holders comply with allocation ownership requirements as specified in 50 CFR §648.70 (b) (1) and (2), and that the information provided on this form is true, complete and correct to the best of their knowledge, and made in good faith (18 U.S.C. 1001). Making a false statement on this form is punishable by law.

Notwithstanding any other provision of the 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.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to NMFS, One Blackburn Drive, Gloucester, MA 01930; and to OMB, Paperwork Reduction Project, Washington, DC 20503.