


	<p>APPLICATION FOR REGISTERED SALMON RECEIVER (RSR) PERMIT</p>	<p>U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p> 
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This application is used to obtain a **Registered Salmon Receiver Permit (RSR)**.

NOTE: A Salmon Federal Processor Permit must be obtained for any processing activity. The Registered Salmon Receiver Permit is used solely for transporting fish from the initial point of offload to the point of processing or sale.

<p><i>BLOCK A – NATURE OF THE RSRP FOR WHICH YOU ARE APPLYING</i> <i>To be completed by all applicants.</i></p>
<p> <input type="checkbox"/> New Application <input type="checkbox"/> Renewal of existing RSR Permit <input type="checkbox"/> Amendment to existing RSR Permit <input type="checkbox"/> Surrender Permit </p> <p>If application is a renewal, surrender, or an amended application, provide current RSR permit number: _____</p>

<p><i>BLOCK B – APPLICANT IDENTIFICATION</i> <i>To be completed by all applicants</i></p>		
1. Name of Applicant:	2. NMFS Person ID Number:	
3. Name of Contact Person (<i>if Applicant is company, partnership, or other business entity</i>):		
4. Permanent Business Mailing Address:		
5. Business Telephone Number:	6. Business Fax Number:	7. Business E-mail Address:

BLOCK C – TYPE OF ACTIVITY
(Facility/Vessel Identification)

1. Identify Salmon Receiver Operation <i>(check appropriate box and enter information)</i>	
<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Vessel Name of Vessel:	ADF&G Vessel Registration Number:
	Vessel's USCG Number:
<input type="checkbox"/> Facility Name of Facility:	Physical Location of Facility:

BLOCK D – SIGNATURE

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

1. Signature of Applicant or Authorized Representative:	2. Date:
3. Printed Name of Applicant or Authorized Representative: <i>(Note: If completed by representative, attach authorization.)</i>	

Instructions
**APPLICATION FOR REGISTERED
SALMON RECEIVER PERMIT**

An RSRP authorizes the person identified on the permit to receive a landing of salmon from an SFPP holder at any time during the fishing year for which it is issued until the RSRP expires, as indicated on the RSRP, or is revoked, suspended, or modified under § 600.735 or § 600.740 of this chapter, or surrendered in accordance with paragraph (a) (7) of this section. An RSRP is required for any person, other than an SFPP holder, to receive salmon commercially harvested in the Cook Inlet EEZ Area from the person(s) who harvested the fish. A legible copy of the RSRP must be present at the time and location of a landing. The RSRP holder or their authorized representative must make the RSRP available for inspection upon the request of any authorized officer.

RSRP permits are issued for a duration of one year, running from March 1 through the last day of February.

Additionally:

- ◆ Type or print legibly in ink.
- ◆ Retain a copy of the completed application for your records.
- ◆ Applications may be faxed to RAM at (907) 586-7354; however, permits will not be returned by fax. Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

When complete, mail the application to:

**National Marine Fisheries
Service (NMFS), Alaska
Region Restricted Access
Management (RAM)
P.O. Box 21668
Juneau, Alaska 99802-1668**

Or deliver to:

**National Marine Fisheries
Service (NMFS), Alaska
Region Restricted Access
Management (RAM)
Room 713
Juneau, Alaska 99801**

Or by fax to: **907-586-7354**

Or email: ram.alaska@noaa.gov

COMPLETING THE APPLICATION

BLOCK A – NATURE OF THE RSR FOR WHICH YOU ARE APPLYING

Indicate if the application is for a new permit, or a renewal, amendment, or surrender of an existing permit. If the application is a renewal, amendment, or surrender provide the current RSR permit number.

BLOCK B – APPLICANT IDENTIFICATION

1. Provide the name of the person applying to become an RSR.
2. Provide NMFS ID: If you do not have a NMFS ID, leave the field blank and NMFS will assign one.
3. Provide the name of an authorized representative for the applicant, if the applicant is a corporation, partnership, association, or other non-individual business entity.
4. Provide the permanent business mailing address of the applicant. This is the address to which the RSR permit will be sent.
- 5 – 7. Provide the business telephone number and business fax number, including area code, and business e-mail address.

BLOCK C – TYPE OF ACTIVITY (Facility/Vessel Identification)

Identity of Salmon Receiver Operation.

1. If a vehicle, check “vehicle”.
2. If a vessel, check “vessel” and enter the name and Alaska Department of Fish & Game (ADF&G) vessel registration or the USCG vessel documentation number.
3. If a facility, check “facility” and enter the facility's name and physical location.

BLOCK D – SIGNATURE

Applicant must sign, print name, and enter date signed. Representatives acting on behalf of an applicant must **attach** proof of authorization

Public Reporting Burden

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0818. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Assistant Regional Administrator, Sustainable Fisheries Division, NMFS Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

Privacy Act Statement

Authority: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801, *et seq.*

Purpose: NMFS is collecting this information to manage the Cook Inlet EEZ commercial salmon fishery.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Information collections by NMFS Alaska Region are protected under confidentiality provisions of section 402(b) of the Magnuson-Stevens Act as amended in 2006 (16 U.S.C. 1801, *et seq.*) and under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among authorized staff for work-related purposes. Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Disclosure of this information is also subject to the published routine uses as identified in the [Privacy Act System of Records Notice COMMERCE/NOAA-19](#), Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is mandatory. Failure to provide complete and accurate information may delay or prevent the issuance of a Registered Salmon Receiver Permit
