



U.S. Department of Commerce
 NOAA/National Marine Fisheries Service
 55 Great Republic Drive
 Gloucester, MA 01930-2298
 Tel: (978) 282-8483

**Application for
 Surfclam / Ocean Quahog
 Individual Transferable Quota (ITQ)
 Permit
 Fishing Year 2025
 January 1, 2025 – December 31, 2025**

Section A – Permit Holder Information

| | | | |
|--|-------|----------|--|
| Name of Applicant: | | | ITQ Permit Number: <small>Leave blank for initial application</small> |
| | | | DOB (if person) or TIN (if business): |
| Business Mailing Address: <small>Street or PO Box</small> | | | Telephone Number: |
| | | | Email address (optional): |
| City | State | Zip Code | |

For an initial application, please select desired ITQ permit type(s): Atlantic Surfclam Ocean Quahog

Section B – Permit Eligibility

The applicant must be eligible to own a documented vessel under the terms of 46 U.S.C. 12103(b). Specifically, the applicant must be one of the following:

1. An individual who is a citizen of the United States.
2. An association, trust, joint venture, or other entity if—
 - A. each of its members is a citizen of the United States; and
 - B. it is capable of holding title to a vessel under the laws of the United States or a State.
3. A partnership if—
 - A. each general partner is a citizen of the United States; and
 - B. the controlling interest in the partnership is owned by citizens of the United States.
4. A corporation if—
 - A. it is incorporated under the laws of the United States or a State;
 - B. its chief executive officer, by whatever title, and the chairman of its board of directors are citizens of the United States; and
 - C. no more of its directors are noncitizens than a minority of the number necessary to constitute a quorum.
5. The United States Government.
6. The government of a State.

Section C – ITQ Quota Share Holdings

Your ITQ Quota Share is:

Your annual cage tag allocation is determined by multiplying the total surfclam quota by this ratio. The result is divided by 32 to determine the appropriate number of cage tags to be allocated. Amounts of allocation of 0.5 cages or smaller are rounded down to the nearest whole number, and amounts greater than 0.5 cages are rounded up to the next whole number, so that allocations are in whole cages.

Please refer to your ITQ permit, when issued, for your actual 2018 cage tag allocation.

An ITQ permit does not need to have associated quota share to be used for leasing cage tags.

Section D – Certification of Applicant

By signing below you certify that the applicant in Section A meets the permit eligibility criteria specified in Section B.

Under penalty of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the applicant and completed this form, and the information contained is true, correct, and complete to the best of my knowledge and belief. (18 U.S.C. § 1001)

Applicant Signature:

Date:

Print Name:

To avoid delay in processing, please include all information requested.

PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average 5 minutes per Individual Fishing Quota application, including the time for reviewing 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 suggestions for reducing this burden to the Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 55 Great Republic Drive, Gloucester, MA 01930.

Permit holder name, address, phone, and permit information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential in accordance with section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

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: In order to manage U.S. fisheries, the NOAA National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable State or Regional Marine Fisheries Commissions and International Organizations. Disclosure of this information is also subject to all of 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 voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

Instructions – Application for Surfclam / Ocean Quahog ITQ Permit

If you wish to receive surfclam or ocean quahog ITQ by temporary lease of cage tags or permanent transfer of quota share, you must submit this application in order to obtain a Surfclam or Ocean Quahog ITQ permit. The Surfclam or Ocean Quahog ITQ permit, once issued would authorize you to receive ITQ allocation through the cage tag transfer program. Please make sure that you also complete the Surfclam and Ocean Quahog ITQ Identification of Ownership Interest form.

Although we use one application form, we issue separate permits for surfclam ITQ and ocean quahog ITQ. Surfclam and ocean quahog ITQ permits are issued annually and must be renewed each year. If you hold both surfclam and ocean quahog ITQ permits you must submit separate renewal applications for each permit. If you hold surfclam or ocean quahog ITQ quota share (Section C), and do not renew the ITQ permit in any fishing year, you will no longer be eligible for the permit in subsequent years. Any associated ITQ quota share would therefore be considered voluntarily relinquished.

SECTION A - Permit Holder Information:

If applying for a new ITQ permit: Please complete all required fields, leaving the ITQ permit number blank. Once an ITQ permit is issued, you may submit an allocation transfer form to transfer ITQ quota share or cage tags to your ITQ permit.

If renewing an existing ITQ permit: All fields should already be filled out with the information we have on file. Please enter information **only** for items that have changed or are incorrect, or if you need to submit additional information.

SECTION B - Permit Eligibility:

In order to receive your ITQ permit you must certify the applicant's eligibility to hold a quota share permit as specified at 50 CFR 648.74.

SECTION C - ITQ Quota Share Holdings:

Information only. Do not modify. If you believe this section is incorrect, please contact NMFS Program Support Line at 978-282-8483.

SECTION D - Certification of Applicant:

Please sign the form. Unsigned or incomplete applications will be returned. Your signature is an affirmation under penalty of perjury, that all the information provided in obtaining this permit is true (18 U.S.C. § 1001).

When completed, submit the application along with a Surfclam / Ocean Quahog ITQ Identification of Ownership Interest form to the following address:

NOAA's National Marine Fisheries Service
Greater Atlantic Regional Fisheries Office
Attn: Permits
55 Great Republic Drive
Gloucester, MA 01930

For questions, please call 978-282-8483



U.S. Department of Commerce
 NOAA/National Marine Fisheries Service
 55 Great Republic Drive
 Gloucester, MA 01930-2298
 Tel: (978) 282-8483

**Surfclam / Ocean Quahog
 Individual Transferable Quota (ITQ)
 Ownership Form
 Fishing Year 2025
 January 1, 2025 – December 31, 2025**

Section A – Permit Holder Information

| | | |
|---|--|----------|
| 1. ITQ Permit Number: | | |
| 2. Name of ITQ Permit Holder: | 3. Date of Birth (if person) or TIN (if business): | |
| | 4. State Registered In (if business): | |
| 5. Business Mailing Address: Street or PO Box | 6. Telephone Number: | |
| | 7. Email address (optional): | |
| City | State | Zip Code |
| 8. <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other (specify) _____ | | |

Section B – Certification of Bank-Held Quota Share

| | |
|--|---|
| Is the ITQ permit holder identified above a state or federally chartered bank or other lender, which is holding the ITQ quota share solely as collateral on a loan, and does not exert control over how the associated annual cage tags are used? <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'No', please skip to Section C, and complete the rest of this form. If 'Yes', complete all fields in Section B, and sign below. You do not need to complete Sections C-F. |
| Name of Borrower: | Borrower's ITQ Permit Number: |
| The borrower must maintain a valid ITQ permit and any transfer of quota share or cage tags must be to the borrower's ITQ permit listed here. | |
| Under penalty of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the permit holder and the information contained in Section A and Section B is true, correct, and complete to the best of my knowledge and belief. (18 U.S.C. § 1001) | |
| Signature: | Date: |
| Printed Name: | |

Section C – Identification of Corporate Officers

If the permit holder is not an individual, provide the names of all corporate officers.
If necessary, attach additional sheets of paper.

| Name (Last, First, Middle Initial) | DOB | Mailing Address (Street or PO Box, City, State, Zip code) | Title |
|--|-----|--|-------|
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |
| <input type="checkbox"/> President/CEO <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director/Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | | | |
| | | | |

**Section D – Identification of Major Shareholders and Partners
Part 1 – First Level**

List all shareholders with a 10% or greater ownership interest in the permit holder. If you list a business entity as a shareholder, use Part 2 to identify the specific ownership of that business. If necessary, attach additional sheets of paper.

| Name (Last, First, Middle Initial) | TIN or DOB | Mailing Address (Street or PO Box, City, State, Zip code) | % Interest Held |
|---|------------|--|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Ownership | | | % |
| Number of shareholders with less than 10% ownership interest | | | |

**Section D – Identification of Major Shareholders and Partners
Part 2 – Second Level**

List owners of any business from Section D - Part 1 above, down to the level of individual persons who make up that business.
If more than one business is listed, be clear which individuals belong to which business.
If necessary, attach additional sheets of paper.

| Name (Last, First, Middle Initial) | TIN or DOB | Mailing Address (Street or PO Box, City, State, Zip code) | % Interest Held |
|---|-------------------|--|----------------------------|
| Business Name 1 from Part 1 | | | |
| Owners of Business 1 | | | |
| | | | |
| | | | |
| | | | |
| Total Ownership of Business 1 | | | % |
| Business Name 2 from Part 1 | | | |
| Owners of Business 2 | | | |
| | | | |
| | | | |
| | | | |
| Total Ownership of Business 2 | | | % |
| Business Name 3 from Part 1 | | | |
| Owners of Business 3 | | | |
| | | | |
| | | | |
| | | | |
| Total Ownership of Business 3 | | | % |

Section E – Identification of Family

If any of the individuals listed in Section D (Parts 1&2) has an immediate family member who has an ownership interest in any other surfclam or ocean quahog ITQ permit list those family members here. Immediate family is defined as: Father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, or mother-in-law. If necessary, attach additional sheets of paper.

| Name (Last, First, Middle Initial) | DOB | Mailing Address (Street or PO Box, City, State, Zip code) | Relationship to Person in Section D (ex. son of John Smith) | ITQ Permit Number(s) |
|---------------------------------------|-----|--|---|-------------------------|
| | | | | |
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Section F – Certification

Under penalty of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the applicant and completed this form, and the information contained is true, correct, and complete to the best of my knowledge and belief. (18 U.S.C. § 1001)

Signature:

Date:

Print Name:

To avoid delay in processing, please include all information requested.

Paperwork Reduction Act Statement:

Public reporting burden for this collection of information is estimated to average 1 hour per response for new entrants, and is estimated to average 5 minutes when pre-filled for renewing entities, including the time for reviewing 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 suggestions for reducing this burden to the Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 55 Great Republic Drive, Gloucester, MA 01930.

Permit holder name, address, phone, and permit information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential in accordance with section 402(b) of the Magnuson-Stevens Act and NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

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: In order to manage U.S. fisheries, the NOAA National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable State or Regional Marine Fisheries Commissions and International Organizations. Disclosure of this information is also subject to all of 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 voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

Instructions

Surfclam / Ocean Quahog ITQ Ownership Form

This form must be completed and submitted to the National Marine Fisheries Service (NMFS) at the address below to provide ownership information for individuals or businesses applying for or renewing a surfclam or ocean quahog individual transferable quota (ITQ) permit. Any individual or business applying for or renewing an ITQ permit must document those individual persons who have an ownership interest of 10 percent or greater.

Please type or print legibly in ink. Attach additional sheets as necessary. Sign in ink, keep a copy for your records, and mail the completed form to the following address:

NOAA's National Marine Fisheries Service
Greater Atlantic Regional Fisheries Office
Attn: Permits
55 Great Republic Drive
Gloucester, MA 01930

SECTION A – Permit Holder Information:

- **Field 1. Permit Number:** If you are submitting an initial application for a surfclam or ocean quahog ITQ permit and do not have an ITQ permit number, leave this field blank. Otherwise, enter your ITQ permit number.
- **Fields 2-3. Legal name of ITQ permit holder and TIN or DOB:** Enter the name of the business entity or individual that holds the ITQ permit. If a business entity, list tax identification number (TIN). If an individual person, list date of birth (DOB) using the format mm/dd/yyyy.
- **Field 4. State Registered In (if business):** If a business entity, list the state where that entity was established and is currently recognized as active.
- **Field 5. Business Mailing Address:** Enter the business mailing address, including street or PO Box number, city, state, and zip code where correspondence should be sent. This information should match the information provided on the application or renewal form.
- **Fields 6-7: Business Phone and Email:** List the business telephone number, including area code; email is optional. This information should match the information provided on the application or renewal form.
- **Field 8:** Check the box that best describes the ITQ permit holder.

SECTION B – Certification of Bank Held Quota Share

Read the statement and indicate whether the ITQ permit holder is a state or Federal chartered bank, which is holding the ITQ quota share solely as collateral on a loan, and does not exert control over how the associated annual cage tags are used.

If the answer is 'No', please skip the rest of Section B and proceed to Section C.

If the answer is 'Yes', please complete the rest of Section B. Enter the name of the borrower and the borrower's ITQ permit number. The borrower must have a valid ITQ permit and renew it each year. Permanent transfer of quota share or temporary transfer of cage tags must go to the borrower. The borrower may then transfer the quota share or cage tags as needed. Then sign, date, and print your name at the end of Section B. You are not required to fill out Sections C-F for this form to be considered complete.

SECTION C – Identification of Corporate Officers

If the permit holder is a business entity, please identify the corporate officers in Section C. Each officer should be identified by name, date of birth, mailing address, and by checking the appropriate box(es) for their position(s).

SECTION D – Identification of Shareholders and Partners

The intent of Section D (Parts 1 and 2) is to identify all of the individuals who control the business and their percent of ownership interest. Use as many pages as needed to list each entity down to the individual level. Please note that only ownership interest for shareholders with greater than or equal to 10% ownership interest in the business entity must be reported.

- Part 1 – First Level

Part 1 must be filled with the business entities or individuals listed in Section A. List the tax identification number (TIN) for business entities and the date of birth (DOB) for individuals. List the mailing address (if different than Section A), and the % ownership interest in the ITQ permit as listed in Section A. Please see examples below.

- Part 2 – Second Level

If Part 1 includes any business entities, Part 2 should be completed. For example, if Part 1 listed a business entity and an individual, only the business entity would need to be entered into Part 2. If the business entity is able to be listed to the individual level in Part 2, no further identification is needed. However, if Part 2 includes a business entity, you will need to list the ownership behind this entity. All business entities owning 10% or greater interest in the ITQ permit must be listed to the individual level. Please see examples below. Print additional pages and write in “third level”, “fourth level”, etc. if needed.

Example A: Two individuals

Part 1

| Name | TIN/DOB | Mailing Address | % Held |
|--|-----------|---|--------|
| Spisula, Sally | 2/29/1970 | 14 Solidissima St Cape May, NJ 08204 | 60 % |
| Arctica, Alex | 9/14/1930 | 42 Islandica Blvd New Bedford, MA 02740 | 40 % |
| | | | |
| Total Ownership = | | | 100% |
| Number of shareholders with less than 10% ownership interest | | | 0 |

Part 2

| Name | TIN/DOB | Mailing Address | % Held |
|--|---------|-----------------|--------|
| Business name 1 from Part 1 | | | |
| Owners of Business | | | |
| | | | |
| | | | |
| | | | |
| Total Ownership of Business 1 = | | | % |

Example B: An individual and a business

Part 1

| Name | TIN/DOB | Mailing Address | % Held |
|--|------------|---|--------|
| Spisula, Sally | 02/29/1970 | 14 Solidissima St Cape May, NJ 08204 | 50% |
| Clam Dredge, Inc. | 10-1234567 | 1 Shellfish Ln Cape May, NJ 08204 | 50% |
| | | | |
| Total Ownership = | | | 100% |
| Number of shareholders with less than 10% ownership interest | | | |

Part 2

| Name | TIN/DOB | Mailing Address | % Held | |
|--|------------------|-----------------|--|-----|
| Business name 1 from Part 1 | | | | |
| Clam Dredge, Inc. | | | | |
| Owners of Business | Arctica, Alex | 9/14/1930 | 42 Islandica Blvd New Bedford, MA 02740 | 60% |
| | Mercenaria, Mike | 11/27/1947 | 35 Quahog Ln Gloucester, MA 01930 | 25% |
| | Spisula, Sally | 02/29/1970 | 14 Solidissima St Cape May, NJ 08204 | 15% |
| | | | | |
| Total Ownership of Business 1 = | | | 100% | |

Example C: Two businesses and a third owner that holds less than 10%

Part 1

| Name | TIN/DOB | Mailing Address | % Held |
|--|------------|---------------------------------------|--------|
| Clam Dredge, Inc. | 10-1234567 | 1 Shellfish Ln Cape May, NJ 08204 | 30% |
| Wicked Good Chowder, Co. | 12-9876543 | 7 Wampum Way New Bedford, MA 02740 | 62% |
| | | | |
| Total Ownership = | | | 92 % |
| Number of shareholders with less than 10% ownership interest | | | 1 |

Part 2

| Name | TIN/DOB | Mailing Address | % Held | |
|---|------------------|-----------------|--|-----|
| Business name 1 from Part 1 Clam Dredge, Inc. | | | | |
| Owners of Business | Arctica, Alex | 9/14/1930 | 42 Islandica Blvd New Bedford, MA 02740 | 60% |
| | Mercenaria, Mike | 11/27/1947 | 35 Quahog Ln Gloucester, MA 01930 | 25% |
| | Spisula, Sally | 02/29/1970 | 14 Solidissima St Cape May, NJ 08204 | 15% |
| Total Ownership of Business 1 = | | | 100% | |
| Business name 2 from Part 1 Wicked Good Chowder, Co. | | | | |
| Owners of Business | Mya, Megan | 3/24/1962 | 16 Arenaria St Portland, ME 04101 | 60% |
| | Mercenaria, Mike | 11/27/1947 | 35 Quahog Ln Gloucester, MA 01930 | 40% |
| Total Ownership of Business 2 = | | | 100% | |

SECTION E – Identification of Family

If any immediate family members of the individuals identified in Section D have an ownership interest in any other surfclam or ocean quahog ITQ permit, those family members need to be identified here. Immediate family is defined as: Father, mother, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, or mother-in-law. For example, if Sally Spisula from Example A above, has a brother who has an ownership interest in another ITQ permit, his name, DOB, address, “brother of Sally Spisula”, and the associated ITQ permit number should be listed here. If necessary, attach additional sheets of paper.

SECTION F – Certification

The applicant or authorized representative must sign and date the form. By signing and dating the form, the applicant or authorized representative certifies under penalty of perjury that all information set forth in the form is true, correct, and complete to the best of the applicant’s knowledge or belief. The form will not be considered without the authorized representative’s signature. NMFS may request that the authorized representative for a business entity include a copy of the corporate resolution or other document authorizing the individual to sign and certify on behalf of the business entity. (18 U.S.C. § 1001)

For questions, please call 978-282-8483