



GROUND FISH TRAWL IVQ PROGRAM REQUEST FOR CATCH REALLOCATION

Date of Catch Reallocation Request: _____ Vessel Name: _____ Tab #: _____ VRN #: _____
 FAX #: _____ Email Address: _____
 Date of Offload: _____ Validation Record #: _____

Species	Original SMA ¹ Allocation	Total Catch/ Overage Weight (lbs)	Reallocation to SMA ¹	Reallocation Weight (lbs)
Canary Overage ²				
Yellowtail	3C		Rest of Coast	
Pacific Hake	Coastwide		Joint Venture	
Silvergrey Overage Only	5CD		5AB	
Silvergrey Overage Only	5AB		5CD	
Walleye Pollock Overage Only	3CD		5AB	
Walleye Pollock Overage Only	5AB		3CD	
Yellowmouth Overage Only	3C		3D5AB	
Yellowmouth Overage Only	3D5AB		3C	

1 SMA means Species Management Areas.
 2 Catch reallocations for Canary Rockfish allowed between SMAs 3C/D, 5A/B, 5C/D or 5E.

Licence Holder (Owner) Authorization:

I hereby certify that I am the owner of the groundfish trawl licensed vessel, or authorized signatory for the owner of the groundfish trawl licensed vessel named above. By signing this form, I request DFO reallocate the amount of overage/catch for the species by area for the groundfish trawl licensed vessel as indicated above. I also request following completion of requested catch reallocation that an up to date Licence Status report be sent to the fax number /email address indicated above.

 Print Name of Licence Holder (Owner)

 Signature of Licence Holder (Owner)

 Date

Please forward the completed request form to DFO's Groundfish Management Unit either by fax 1-866-561-5729 or email DFO.PACQuota-QuotaPAC.MPO@dfo-mpo.gc.ca. For further information regarding this form call GMU Unit at 236-335-0392.