



GROUND FISH HOOK AND LINE IVQ PROGRAM REQUEST FOR CATCH OVERAGE REALLOCATION FOR OUTSIDE YELLOWEYE ROCKFISH

Date of Catch Reallocation Request: _____ Vessel Name: _____

Licence #: _____ VRN #: _____ FAX #: _____

Email Address: _____ Offload Date: _____ Validation Record # _____

If a temporary reallocation request has been submitted in relation to this catch reallocation request, please provide details below:

Reallocation Submission Date: _____ Licence A: _____ Licence B: _____

	Reallocation from (Original) SMA*	Total Overage Amount to Transfer (lbs)	Reallocation amount to SMA*	
Yelloweye	5B	[] lbs	5CD	[] lbs
			5E	[] lbs
Yelloweye	5CD	[] lbs	5B	[] lbs
			5E	[] lbs
Yelloweye	5E	[] lbs	5B	[] lbs
			5CD	[] lbs

* SMA means Species Management Areas.

Licence Holder (Owner) Authorization:

I hereby certify that I am the owner of the groundfish licensed vessel, or authorized signatory for the owner of the groundfish 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 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 at 604-666-5865 or 604-666-0010.