

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 02/08/2011

Department of Commerce
National Oceanic and Atmospheric Administration
FOR CERTIFYING OFFICIAL: Simon Szykman
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 01/11/2011

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201101-0648-001
AGENCY ICR TRACKING NUMBER:
TITLE: Southeast Region Permit Family of Forms
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change
OMB CONTROL NUMBER: 0648-0205

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 08/31/2011

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	60,250	16,013	650,679
New	60,250	16,013	650,679
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

OMB Authorizing Official: Kevin F. Neyland
Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Dealer permits	NA	Annual dealer permit application form	50 CFR 622.4
Vessels fishing in the Exclusive Economic Zone	NA, NA	Federal permit form for vessels fishing for wreckfish off the South Atlantic states, Federal permit for fishing in EEZ (with Reef Fish Bottom Long Line Endorsement checkbox added)	50 CFR 622.4
Shrimp fishery permitting and reporting	NA, NA, NA, NA	Permit Application for vessels fishing in the Exclusive Economic Zone for Shrimp, Gulf of Mexico Shrimp Federal Permit Reporting Form, Application for vessel operator card (shrimp and dolphin/wahoo), Basis of eligibility for Gulf of Mexico Shrimp Moratorium	50 CFR 622.4
Live rock permitting and reporting	NA, NA, NA	Federal Permit Application for the Harvest of Aquacultured Live Rock, Aquacultured Live Rock Report (harvesting activity), Aquaculture Site Evaluation Report	50 CFR 622.4
Golden crab permitting and reporting	NA	Federal permit application for vessels fishing in the EEZ for golden crab	50 CFR 622.17
Dolphin/wahoo permit applications and operator cards	NA	Federal permit application for Southeast Region operator card: shrimp and dolphin/wahoo	50 CFR 622.4
Fishing in Colombian Waters	NA	Colombian Treaty Waters Application including vessel make and where built	50 CFR 622.4
Reef fish fishery bottom longline endorsement appeals			50 CFR 622.4(a)(2)(xiv)(C)

JUSTIFICATION FOR CHANGE
SOUTHEAST REGION PERMIT FAMILY OF FORMS
OMB CONTROL NO. 0648-0205

Changes are requested on two forms related to the harvest of aquacultured live rock.

1. Federal Permit Application Form for The Harvest of Aquacultured Live Rock:

The addition of a check box if applying for a renewal permit for an established deposition site. The check box is to be marked if material was deposited on the site during the period of time covered by the last permit for this site.

The United States (U.S.) Army Corps of Engineers requires the National Marine Fisheries Service (NMFS) to keep a record of all deposits to the site, and report them quarterly. This requirement has always been in place, but heretofore we have not had a system to hold up permit issuance/renewal for deposit report non-compliance. We are building functionality into our Permit Information Management System (PIMS) to support the issuance and management of aquaculture live rock permits, which will include validation of deposit report compliance.

The permit holder is supposed to submit a deposit report to NMFS within 7 days of making a deposit, so in theory, the absence of a deposit report should mean that there were no deposits made at the site. But it could also mean there was a deposit, but the report was not submitted. If the box is checked, but we did not receive a deposit report for the site, then we will delay the renewal until the report is received. Conversely, if they do not check the box, indicating that they have not deposited rock on the site, then we will not delay the permit renewal, assuming all else is in order.

2. Aquaculture Site Evaluation Form:

The removal of a checkbox indicating that Loran Coordinates is the method of determining Latitude and Longitude.

Global Positioning Coordinates are now to be used to determine the Latitude and Longitude of the aquaculture site.

There will be no change to burden or costs for this information collection as a result of these changes.

PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency	OMB Control Number _____ - _____	
<i>Enter only items that change</i>		
	Current record	New record
Agency form number (s)		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change		
Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change		
Adjustment		
Other changes**		
Signature of Senior Official or designee:	Date:	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
 727/824-5326 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

FOR OFFICE USE ONLY
Application ID

FOR OFFICE USE ONLY	
Reviewer Initials and Date	
Check or Money Order Number and amount:	
Sanction Case Number if Sanctioned:	
Non Compliance Hold Date:	
Non Compliance Cleared Date:	
New Expiration Date:	
Site Number	

New Application \$175.00 Renewal Application \$31.00

1. SITE INFORMATION

Note: Aquacultured Live Rock sites must be circular with a radius not to exceed 117.75 feet (0.019NM). Aquacultured Live Rock permits for sites off the coast of the state of Florida are issued under the U.S. Army Corps Of Engineers (USACE) General Permit SAJ-71 to deposit material. Under SAJ-71, the total acreage of all sites maintained by a single permit holder must not exceed 1.0 acres. Applicants desiring to maintain aquacultured live rock sites with a total area of more than 1.0 acre OR off the coast of a state other than Florida must first obtain permits to deposit material from the USACE.

If applying to obtain a permit for an existing deposition site:

Provide the SITE NUMBER (as assigned by NMFS) an existing site in this box. You need not fill in the other fields within the Site Information section.

If applying for a renewal permit for an established deposition site, check this box if material deposited on the site during the period of time covered by the last permit for this site.

If applying to obtain a permit for a new deposition site:

Provide the deposition site center point, method of determining position, site radius, coast the site is located on, and minimum depth of water at mean low water. Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point

Longitude Center Point

Method of determining Latitude and Longitude GPS DGPS Radius (not to exceed 117.75 feet) ft.

This site is located off the coast of (state):

Minimum Depth of water over the site at mean low water, reported in feet: ft.

APPLICANT SIGNATURE - I certify that the information provided is complete and correct

Applicant Signature	Date Signed
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Printed Name	Position in Company
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Public reporting burden for this collection of information is estimated to average 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 collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, Permits Branch, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery 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.

2. PERMIT HOLDER INFORMATION

Please copy this page as needed to provide information on all permit holders.

1) Please complete this section for each permit holder. If the permit holder is a business or partnership, enter the Federal Tax ID number and date the business was formed or partnership was filed. If the permit holder(s) is/are individual(s) enter the Social Security Number(s)(SSN) and date(s) of birth. Complete the Joint Permit Holder information for a second permit holder if the permit is held by more than one individual. If you need more space, copy this form or provide the required information on a separate sheet of paper.

2) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information.

Permit Holder

If the permit holder is an INDIVIDUAL, fill in the personal information (SSN, date of birth, etc.)

If the permit holder is a BUSINESS, fill in the business informaton (Federal Tax ID #, Date Business Filed, Name, etc.)

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		

Joint Permit Holder

Fill out this section only if the permit is jointly held by more than one person. Photocopy this page if needed.

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		

REMINDER: THE APPLICANT MUST SIGN THE APPLICATION ON PAGE 1

3. OFFICER/SHAREHOLDER INFORMATION FOR A BUSINESS/PARTNERSHIP THAT HOLDS THE PERMIT

Please copy this page as needed for all officers/shareholders of the business that holds the permit.

1) Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to the business listed in Section 2. You must provide the information for all officers that are shown on your most recent annual report. If your business is structured as a corporation, you **must** identify all shareholders and the percentage of shares held by each individual. The total of all entries must be 100 percent. Provide the name, address, Social Security Number (SSN), date of birth (DOB) and phone number for each individual.

Business name:

Federal Tax ID #

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

Check box if same as Mailing Address

Tax Id # (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 130px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

Check box if same as Mailing Address

Tax Id # (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 130px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>

REMINDER: THE APPLICANT MUST SIGN THE APPLICATION ON PAGE 1

4. VESSEL INFORMATION (all information is required)

INSTRUCTIONS: Provide a copy of the valid, unexpired USCG Certificate of documentation (or state registration if not documented) for each vessel listed. Provide all information for each vessel used to deposit/harvest aquacultured rock at the permitted site. If more forms are needed, photocopy this form and number each additional vessel, or provide the required information on a separate sheet of paper. Each vessel used to harvest or deposit material MUST be listed.

VESSEL 1

OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented) <input style="width: 100%; height: 20px;" type="text"/>	YEAR BUILT <input style="width: 100%; height: 20px;" type="text"/>	LENGTH (FEET) <input style="width: 100%; height: 20px;" type="text"/>	TOTAL HORSEPOWER <input style="width: 100%; height: 20px;" type="text"/>
STATE REGISTRATION NUMBER (if applicable) <input style="width: 100%; height: 20px;" type="text"/>	Crew Size - Including the Captain <input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
VESSEL NAME <input style="width: 100%; height: 20px;" type="text"/>	HOLD CAPACITY (Pounds of Harvest) <input style="width: 100%; height: 20px;" type="text"/>	LIVE WELL CAPACITY (Gallons) <input style="width: 100%; height: 20px;" type="text"/>	
HULL IDENTIFICATION or IMO NUMBER <input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> USCG DOCUMENTED VESSELS ONLY </div> GROSS TONS <input style="width: 100%; height: 20px;" type="text"/>		HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER _____
HAILING PORT CITY <input style="width: 100%; height: 20px;" type="text"/>	NET TONS <input style="width: 100%; height: 20px;" type="text"/>		FUEL TYPE <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER _____
HAILING PORT COUNTY or PARISH <input style="width: 100%; height: 20px;" type="text"/>	HAILING PORT STATE <input style="width: 100%; height: 20px;" type="text"/>	TOTAL FUEL CAPACITY (GALLONS) <input style="width: 100%; height: 20px;" type="text"/>	
PORT OF LANDING CITY <input style="width: 100%; height: 20px;" type="text"/>	PORT OF LANDING STATE <input style="width: 100%; height: 20px;" type="text"/>		

Please complete this section for each vessel owner. If the vessel is owned by a business or partnership, enter the Federal Tax ID Number and date the business was formed or partnership was filed. If the vessel is owned by individual(s) enter the Social Security Number(s) (SSN) and date(s) of birth (DOB).

VESSEL 1 OWNER INFORMATION as shown on the USCG Certificate of Documentation (or State Registration if not documented)

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix: JR,SR, etc.			
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>					
Street Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>					
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		

VESSEL 1 JOINT OWNER INFORMATION as shown on the USCG Certificate of Documentation (if not documented, then State Registration)

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix: JR,SR, etc.			
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>					
Street Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>					
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (SSN)		Date of Birth (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		

Photocopy this page as needed for additional vessels.

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
(727) 824-5326 (8 am - 4:30 pm ET)
Toll Free (877) 376-4877 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>

AQUACULTURE SITE EVALUATION REPORT

OMB No. 0648-205 Form
Approval expires 08/31/2011



FOR OFFICE USE ONLY

SITE NUMBER

Reviewer Initials and
Date

INSTRUCTIONS: Provide the information required on the evaluation form- ALL BLANKS MUST BE FILLED IN. Additional sheets may be used, however all information must be provided on this form. Any additional papers cannot be larger than 11 x 14 inches. When providing a copy of a portion of a nautical chart showing the location of the site, ensure that the chart number, title and edition used are included. Use a chart large enough in scale to show sufficient detail and allow for site location and inspection. All sites are to be a circle with a radius not to exceed 117.75 feet (0.019 NM); or 1.0 acre area.

Site Evaluation prepared for (Aquaculture applicant name)

Aquacultured Live Rock permits off the state of Florida are issued under the U.S. Army Corps Of Engineers (COFE) General Permit SAJ-71 to deposit material. Under SAJ-71, the total acreage of all sites maintained by a single permit holder must not exceed 1.0 acres. Applicants desiring to maintain aquacultured live rock sites with a total area of more than 1.0 acre OR off the coast of a state other than Florida must first obtain permits to deposit material from the USACE.

Latitude and Longitude must be reported as Degrees Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point

Longitude Center Point

Radius (in feet)
(Not to exceed 117.5 ft.)

Method of determining Latitude and Longitude

GPS

DGPS

This site is located off the coast of the state of:

Minimum Depth of water over the site at mean low water.

Description of the location of the site (i.e. 5.5 NM SW of Rock Key and .75 NM east of Sand Shoal)

1. Describe all possible hazards to safe navigation or hindrance to vessel traffic, interference with traditional fishing operations or other public access that may result from aquacultured rock at the site.

2. Describe the naturally occurring bottom habitat at the site:

3. Describe the type, size, amount and origin of the material to be deposited on the site and how it will be distinguishable (method of marking/tagging and description) from the naturally occurring substrate. You must provide a sample of the material.

SIGNATURE

Preparer Signature	Date Signed
Printed Name	Position in Company if Corporation/Business/LLC
Qualifications/Experience of Preparer	

GENERAL INSTRUCTIONS 1. A site evaluation report must be submitted by the applicant to the NMFS, Permit Office F/SER14, 263 13th Avenue South, St. Petersburg, FL 33701. The report shall be prepared by an independent source pursuant to generally accepted industry standards and shall demonstrate that the proposed site:

- a. Is not a hazard to safe navigation or a hinderance to vessel traffic; and
 - b. Avoids traditional fishing operations, or other public access; and
 - c. Avoids impacts to naturally occurring hard bottom habitat and submerged aquatic vegetation; and
 - d. Contains natural underlying substrata that is primarily hard packed sand, hard shell hash, or less than 6-12 inches of sand over rock.
2. The applicant shall identify the site on a nautical chart in sufficient detail to allow for site inspection, and shall provide accurate coordinates so that the site can be located by Differential Global Positioning System (DGPS) equipment. Site inspection may be required on a case by case basis.
3. Sites of the coast of Florida which individually or cumulatively total more than 1.0 acre will not be authorized unless the applicant has individually obtained and provides a copy of the U.S. Army Corps of Engineers special permit for Depositing Material on such a site.
4. A site evaluation report must be done for each application for a new permit - even on established sites. You may include additional information in separate sources, but all information must be provided on this form. Fields 1, 2, 3 and 4 on this form shall not refer to another source for information.
5. A sample of the rocks to be deposited must accompany each Site Evaluation report.

Public reporting burden for this collection of information is estimated to be 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 collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery 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.