

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 05/24/2011

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 02/16/2011

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201102-0648-004
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 for fishing in EEZ (with Reef Fish Bottom Long Line Endorsement checkbox added), Federal Permit Application for Vessels Fishing for Wreckfish off the South Atlantic States	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	Aquacultured Live Rock Report (harvesting activity), Aquaculture Site Evaluation Report, Federal Permit Application for the Harvest of Aquacultured Live Rock	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**

The implementation of RIN 0648-AW12, effective January 1, 2010, required the collection of the percentage of ownership in corporations, not only for Gulf red snapper IFQ fishermen, but also for Gulf grouper and tilefish IFQ fishermen, as well as any Gulf reef fish permit holders that could buy into one of the IFQ programs: § 622.20(c)(3)(6)(i) "A corporation must provide to the RA the identity of the shareholders of the corporation, by December 1, 2009, for initial issuance of IFQ shares and allocation, and provide updated information to the RA within 30 days of when changes occur. This information must also be provided to the RA any time a commercial vessel permit for Gulf reef fish is renewed or transferred." The revision to OMB Control No. 0648-0205 requesting this information collection was approved 8/6/2008.

A change request approved on January 9, 2010 extended this requirement to all Southeast Region Federal Exclusive Economic Zone (EEZ) permit holders who are members of a corporation, so that the "percentage of company ownership" checkbox currently included as part of ownership information in Section 4 of the permit application would now apply to all corporate shareholders.

In the two different requests to add this information collection, a change to the separate Federal Permit Application Form for Wreckfish Off The South Atlantic States was overlooked. Therefore, at this time, we are asking to add to that form, an Officer/Shareholder Information section (Section 4) with the same format and content of application form for the Federal Permit for Vessels Fishing in the EEZ. This section, in addition to percentage of an individual's share in a wreckfish quota shareholder which is a corporation, includes contact information, Tax ID No., date of birth and an indication if entity is an individual, sole proprietor, joint owner, partnership, corporation or other and what position is held (e.g. president, vice president, etc.).

Justification: The collection of percent ownership in a corporation from the twenty-six (26) Wreckfish Shareholders fulfills the same purpose as for the collection of information for other EEZ permit holders: it would satisfy the requirements of the Regulatory Flexibility Act (RFA), which requires an evaluation of the economic effects on small entities to ensure that the small entities are not disproportionately affected by proposed regulation relative to large entities. The determination of whether an entity is a small or large business entity is based on the total receipts of the entity including all of its affiliates. Because fleet ownership is known to exist in Southeast fisheries, the number of individual permits in a given fishery is insufficient to determine both the number of entities and their status as small or large entities. For a business that is incorporated, information on percent ownership in the corporation is needed to determine this information.

Additional changes to the wreckfish permit application form, also in line with the current application form for a Federal Permit for Vessels Fishing in the EEZ:

New vessel data elements: vessel U.S. Coast Guard documentation and State Registration (as opposed to either/or), Hull ID number, Hailing port county, Gross Tons, Net Tons, Year Built, Length, Total HP, Crew Size, Fish hold, Hull material, Fuel Data and Product Storage.

For Entities (Vessel owners and lessees): both mailing and physical address, and role and position in a corporation, as in the Shareholder section.

As the previous application form's stated response time of 20 minutes was in retrospect overly generous, we estimate that no additional time will be needed to complete the revised form.

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 VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Permit Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
Non Compliance Hold Date	
Non Compliance Cleared Date	
PERMIT NUMBER	
Expiration Date(s)	

REMEMBER TO SEND A COPY of your current (not expired) United States Coast Guard (USCG) Certificate of Documentation. If this vessel is not documented, send a copy of your state vessel registration. If we have a copy of your documentaion or state registration on file, it must not be expired. Do not send your original. We cannot accept a bill of sale. If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

- Please provide the following required information.
- The applicaiton fee is \$50.00, replacement fee is \$18.00. Fees are payable as Check or Money Order made out to the U.S. Treasury.

April 16, 2011- January 14, 2012

1. VESSEL INFORMATION

OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented)	YEAR BUILT	LENGTH (FEET)	TOTAL HORSEPOWER

STATE REGISTRATION NUMBER (as applicable)	Crew Size - Including the Captain

VESSEL NAME	HOLD or FISH BOX CAPACITY (Pounds of Harvest)

HULL IDENTIFICATION or IMO NUMBER	HULL MATERIAL	FUEL DATA
	<input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER (DESCRIBE) FUEL CAPACITY - TOTAL GALLONS <input style="width: 100%;" type="text"/>
HAILING PORT CITY	PRODUCT STORAGE (check all that apply)	
	<input type="checkbox"/> ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC., <input type="checkbox"/> FREEZER <input type="checkbox"/> LIVE WELL	
HAILING PORT COUNTY OR PARISH	HAILING PORT STATE	

USCG DOCUMENTED VESSELS ONLY

GROSS TONS	NET TONS

- 1) Please complete section 2 on this page for the Wreckfish Shareholder and Section 3 on this page for the owner of the vessel (used to fish for wreckfish to be sold on this certificate) as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned, please enter the information for the managing (primary) owner. If the owner is a business, enter the Federal ID number and date the business was formed. If the owner is an individual, enter the Social Security Number.
- 2) Complete the bottom part of section 3 for a joint owner if the vessel is jointly owned by more than one owner, OR if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. You must submit information on each joint owner and for each lessee. If you need more spaces for additional owners or lessees, copy this page blank first or provide the required information on a separate sheet of paper.
- 3) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

2. WRECKFISH SHAREHOLDER INFORMATION

Shareholder's Certificate Number							
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

3. VESSEL OWNER AND LESSEE INFORMATION

Vessel Owner as shown on the USCG Certificate of Documentation, or for undocumented vessels, the State Registration.

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

Second Vessel Owner as shown on the USCG Certificate of Documentation or State Registration, or Vessel Lessee

This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input style="width: 100px;" type="text"/> LEASE EXPIRATION DATE: <input style="width: 100px;" type="text"/>							
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____							
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

4. OFFICER/SHAREHOLDER INFORMATION FOR WRECKFISH SHAREHOLDERS

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

If this shareholder's certificate is owned by a business, then complete this section for each officer or partner associated with the business. 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 are required to identify all shareholders in the corporation, as well as the percentage of all shares in the corporation held by each shareholder. The total of all entries must be 100 percent.

Business name:

Federal Tax ID #

All individuals associated with the above-named vessel owner or lessee must be included in this application. Photocopy this page or attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business. Provide names, Social Security Numbers, addresses, phone number, date of birth, and position held in business.

Position held - check ALL that apply
 President/CEO Vice President Secretary Treasurer Director/Manager Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - JR,SR,etc.

Mailing Address Apt/Suite # City State County/parish Zip Code Country

Physical Address Apt/Suite # City State County/parish Zip Code Country

Check box if same as Mailing Address

SSN Date of Birth (MM/DD/YYYY) Area Code Phone Number

Position held - check ALL that apply
 President/CEO Vice President Secretary Treasurer Director/Manager Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - JR,SR,etc.

Mailing Address Apt/Suite # City State County/parish Zip Code Country

Physical Address Apt/Suite # City State County/parish Zip Code Country

Check box if same as Mailing Address

SSN Date of Birth (MM/DD/YYYY) Area Code Phone Number

SECTION 5. CERTIFICATION AND SIGNATURE OF APPLICANT. If the wreckfish shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor or agent of the shareholder.

Shareholder's Signature Date

Print Name

INSTRUCTIONS

For a person aboard a vessel to fish for and possess wreckfish in federal waters of the South Atlantic, a commercial vessel permit for wreckfish must be issued to the vessel. To obtain a wreckfish permit, one must be a wreckfish individual transferable quota (ITQ) shareholder, an employee, agent or contractor to a wreckfish shareholder. The ITQ program requires that all wreckfish must be sold to a commercial dealer with a wreckfish dealer permit. Anyone operating under the ITQ program would also be required to have a federal commercial permit for South Atlantic snapper-grouper to be able to harvest wreckfish in excess of the bag limit and to sell wreckfish. If a person has a wreckfish permit, but no commercial permit for South Atlantic snapper-grouper species, that person cannot sell wreckfish and must adhere to the aggregate snapper-grouper bag limit, which includes wreckfish.

General Instructions:

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 8:00 a.m. and 4:30 p.m. ET, and to consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. (Incomplete or illegible applications will be returned.)

1. Complete all applicable sections of this application form. Incomplete or illegible applications will be returned. Applications should be typed, or hand printed and should be filled out in ink.
2. The application fee is **\$50** and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The fee for a duplicate is \$18.00.
3. Mail the application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South., St. Petersburg, FL 33701**. Questions may be telephoned to our toll free number at (877) 376-4877 or 727/824-5326 between 8 am - 4:30pm ET. If you would like your permit and associated documents returned to you overnight upon completion of processing, enclose a completed, pre-paid FEDERAL EXPRESS air bill, complete with your street delivery address (FEDEX does not deliver to PO Boxes), telephone number, and your FEDEX account number or major credit card number with the expiration date. Please note, using the prepaid overnight delivery option does not expedite permit processing, it can only expedite delivery upon completion of processing.

APPLICATION SECTION 1: Unless otherwise exempted by the application form, complete **all** portions of Section 1. Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation; or if not documented, the state registration certificate.

APPLICATION SECTION 2: Enter the information of the person/business that is the Wreckfish Shareholder. All information is required. If the shareholder is an individual, provide the shareholder's date of birth and enter the Social Security Number (taxpayer ID information). If the shareholder is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

APPLICATION SECTION 3: Enter the information of the person/business shown as the owner on the U.S. Coast Guard Certificate of Documentation or, if not documented, from the state registration certificate. If there is more than one vessel owner shown on the USCG documentation or the vessel is titled to more than one person, provide the required information for all listed owners. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all vessel owners and lessees.

If the owner is an individual, provide the owner's date of birth and enter the individual's taxpayer ID information (Social Security Number). If the owner is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

APPLICATION SECTION 4: If the application is for shares that are owned by corporation, partnership, or other business entity, then information on the wreckfish shareholder's officers/ company shareholders is required. Information on all officers/ company shareholders associated with the wreckfish shareholder is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the vessel owners and lessees.

APPLICATION SECTION 5: The application must be signed and dated by the wreckfish shareholder. For corporate owned shares, an officer or shareholder of the company must sign and date the application.

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, 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. Confidential 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.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME FOR THE PURPOSE OF OBTAINING A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.