NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 05/22/2017

Department of Commerce
National Oceanic and Atmospheric Administration

FOR CERTIFYING OFFICIAL: Steve Cooper
FOR CLEARANCE OFFICER: Jennifer Jessup

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 04/17/2017

ACTION REQUESTED: Revision of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 201704-0648-009
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: 05/31/2020 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	16,639	7,023	483,828
New	11,745	7,259	345,899
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	215	227	0
Change due to Agency Adjustment	-5,109	9	-137,929
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Dominic J. Mancini
Deputy and Acting Administrator,
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Dealer permits	NA	Federal Permit Application for an Annual Dealer Permit	50 CFR 622.200(c)(1, 50 CFR 622.240(b)(1), 50 CFR 622.370(c)(1), 50 CFR 622.20(c)(1), 50 CFR 622.170(c)(1), 50 CFR , 622.270(d)(1) , 50 CFR 622.270(d)(1), 50 CFR
Vessels fishing in the Exclusive Economic Zone, including Golden Tilefish endorsement on EEZ app	NA, NA, NA	Vessel Permit Application for fishing in the EEZ, Federal Fisheries Permits for fishing in the EEZ, online version, Federal Fisheries Application for Vessels Fishing for Wreckfish off the S. Atlantic Coast	50 CFR 622.70, 50 CFR 622.170, 50 CFR 622.200, 50 CFR 622.20 , 50 CFR 622.50, 50 CFR 622.240, 50 CFR 622.370, 50 CFR 622.400, 50 CFR 622.470, 50 CFR 622.270
Annual landings report for Gulf of Mexico Shrimp	NA	Gulf Of Mexico Shrimp Landings Report	50 CFR 622.51(a)(4)
Live rock permitting and reporting	NA, NA, NA, NA	Federal Permit Application for the Harvest of Aquacultured Live Rock - NEW, Aquacultured Live Rock Deposit Harvest Report, Notice of intent of harvest of aquacultured live rock, Aqua Live Rock Permit application and instructions - RENEW	50 CFR 622.70(a)(2) , 50 CFR 622.71(a)
Dolphin/wahoo operator cards	NA	Federal Permit Application for Southeast Region Vessel Operator Card for Dolphin/Wahoo or Rock Shrimp	50 CFR 622.270(c)
Fishing in Colombian Treaty Waters Vessel Permit Application	NA	Federal Permit/Certificate Application to Fish in Colombian Treaty Waters	50 CFR 300.123
Vessel permit transfers and notarizations using applicable permit application form			50 CFR 622.4
Golden crab permittees zone transit notification			50 CFR 622.241(b)(2)
Traps (golden crab, reef fish, snapper/grouper, spiny lobster) - notifications of authorization for retrieval or of lost/stolen traps			50 CFR 622.405(b), 50 CFR 622.403(b)(3), 50 CFR 622.249(c)
IMO registration	NA	IMO Number Registration	
Smoothhound shark permit	NA	Federal Fishing Permit with Smoothhound added	
Changes to permit holder information	NA	Change of information	
Request for duplicate permit or card	NA	Duplicate permit request	
Request to consolidate reef fish permits	NA	Reef fish permit consolidation application	50 CFR 622.20(a)(1)(ii)

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request
DOC/NOAA/NMFS/SER

2. OMB control number
a. 0648 - 0205
b. [ ] None

3. Type of information collection (*check one*)
a. [ ] New Collection
b. [✔] Revision of a currently approved collection
c. [✔] Extension of a currently approved collection
d. [ ] Reinstatement, without change, of a previously approved collection for which approval has expired
e. [ ] Reinstatement, with change, of a previously approved collection for which approval has expired
f. [ ] Existing collection in use without an OMB control number
For b-f, note Item A2 of Supporting Statement instructions

4. Type of review requested (*check one*)
a. [✔] Regular submission
b. [ ] Emergency - Approval requested by ____/____/____
c. [ ] Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? [ ] Yes [✔] No

6. Requested expiration date
a. [✔] Three years from approval date b. [ ] Other Specify:____

7. Title
Southeast Region Permit Family of Forms

8. Agency form number(s) (*if applicable*)

9. Keywords
Fisheries, Fishing Vessels, Fishery

10. Abstract

Participants in the federally-regulated fisheries in the United States (U.S.) exclusive economic zone (EEZ) of the Caribbean, Gulf of Mexico, and South Atlantic are required to obtain Federal permits under the existing permit program for the specific fishery management plans of each region. The National Marine Fisheries Service (NMFS) needs information from the applications and associated data collections to identify fishing vessels, dealers, and participants, as well as properly manage the fisheries and generate fishery-related data.

This collection is revised to collect additional personal and business information from applicants in several applications issued by NMFS' Southeast Regional Office (SERO). On these same forms, NMFS has also removed some data fields that were collecting less meaningful data. In addition, NMFS has revised certain forms to provide additional information or greater clarity. Finally, NMFS has adjusted the time burden estimates for certain information collection requirements under 0648-0205 for more accurate accounting.

11. Affected public (*Mark primary with "P" and all others that apply with "x"*)
a. x Individuals or households d. ___ Farms
b. P Business or other for-profit e. ___ Federal Government
c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government

12. Obligation to respond (*check one*)
a. [ ] Voluntary
b. [ ] Required to obtain or retain benefits
c. [✔] Mandatory

13. Annual recordkeeping and reporting burden
a. Number of respondents: 10,311
b. Total annual responses: 11,745
1. Percentage of these responses collected electronically: ____%
c. Total annual hours requested: 7,260
d. Current OMB inventory: 7,023
e. Difference: 237
f. Explanation of difference
1. Program change: 228
2. Adjustment: 9

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs: 0
b. Total annual costs (O&M): 0
c. Total annualized cost requested: 346
d. Current OMB inventory: 484
e. Difference: -138
f. Explanation of difference
1. Program change: 0
2. Adjustment: -138

15. Purpose of information collection (*Mark primary with "P" and all others that apply with "X"*)
a. ___ Application for benefits e. x Program planning or management
b. ___ Program evaluation f. ___ Research
c. ___ General purpose statistics g. P Regulatory or compliance
d. ___ Audit

16. Frequency of recordkeeping or reporting (*check all that apply*)
a. [ ] Recordkeeping b. [ ] Third party disclosure
c. [✔] Reporting
1. [✔] On occasion 2. [ ] Weekly 3. [ ] Monthly
4. [ ] Quarterly 5. [ ] Semi-annually 6. [✔] Annually
7. [ ] Biennially 8. [ ] Other (describe) ____

17. Statistical methods
Does this information collection employ statistical methods
[ ] Yes [✔] No

18. Agency Contact (person who can best answer questions regarding the content of this submission)
Name: Adam Bailey
Phone: (727) 824-5305

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

(a) It is necessary for the proper performance of agency functions;

(b) It avoids unnecessary duplication;

(c) It reduces burden on small entities;

(d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;

(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;

(f) It indicates the retention period for recordkeeping requirements;

(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):

- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);

(i) It uses effective and efficient statistical survey methodology; and

(j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)	
Signature signed by Emily Menashes, Deputy Director, Sustainable Fisheries	Date 4/14/2017
Signature of NOAA Clearance Officer	
Signature BRABSON.SARAH.1365710488 Digitally signed by BRABSON.SARAH.1365710488 DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=OTHER, cn=BRABSON.SARAH.1365710488 Date: 2017.06.02 15:25:44 -04'00'	Date

SUPPORTING STATEMENT
SOUTHEAST REGION PERMIT FAMILY OF FORMS
OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NO. 0648-0205

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

This request is for revision and extension of this collection,

The collection consists of applications for permits that are a mandatory part of the National Marine Fisheries Service (NMFS) program in the Southeast Regional Office (SERO), to manage commercial, recreational, and aquaculture fisheries in the Gulf of Mexico (Gulf), Atlantic, and U.S. Caribbean. In addition, this collection also contains fisheries' reporting, notification, and registration forms and requirements. The fisheries in the Southeast Region are managed under the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) (16 U.S.C. 1801), and regulations at 50 CFR parts 300, 622, and 635. NMFS issues permits to fishing vessels, vessel operators, and dealers, among others, in order to collect information necessary to comply with domestic and international fisheries obligations, secure compliance with regulations, and disseminate necessary information. This request is for a revision and extension of this current information collection under OMB Control No. 0648-0205.

Specifically, this request would revise the following permit application forms:

- Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone (Vessel EEZ Application)
- Federal Permit Application for Vessels Fishing for Wreckfish Off the South Atlantic States (Wreckfish Application)
- Federal Permit Application for Dealers (Dealer Application)
- Federal Permit Application for the Harvest of Aquacultured Live Rock in the EEZ Form and Instructions (Aquacultured Live Rock Application (New))
- Federal Permit Application for the Harvest of Aquacultured Live Rock in the EEZ Form and Instructions (Aquacultured Live Rock Application (Renewal))
- Federal Permit Application for Southeast Issued Operator Card (Operator Card)
- Federal Permit/Certificate Application to fish in the Colombian Treaty Waters (Colombian Treaty Waters)

Administrative and organization changes to these permit application forms are described by Table 1.

Table 1. Revisions	**Applications affected**
NMFS proposes revisions to the instructions. The revised instructions provide: • More clearly organized information designed to put the information applicants most need to know right up front; • Additional and consolidated guidance about what supporting documentation is required;	Vessel EEZ Wreckfish Colombian Treaty Waters

• Guidance about what sections of the application must be filled out for various scenarios; and • Detailed instructions for individual application sections.	Operator Card Dealers
NMFS removed the requirement for applicants to indicate whether they were a “sole owner” or “Co-Owner” of a vessel because NMFS can determine that information based on the number of owners provided. NMFS also removed the “Percent of Ownership” because collection of that data in this section would be for the ownership of the vessel, which is not a reasonable proxy for percent ownership of the business that owns the entity.	Vessel EEZ Section 4a, 4b, 4c Aquaculture (New and Renewal) Section 4, 5 Wreckfish Section 2a, 2b, 3a, 3b, 41, 4b
NMFS removed the requirement for applicants to indicate that they are a sole owner.	Dealers
Eliminated collection of “Partnership” or “Sole Proprietor” the section entirely because "Partnership" is a business type collected under the business sections, and "Sole Proprietorship" can be inferred when the vessel is owned by a single individual.	Vessel EEZ Section 5a, 5b Aquaculture (New and Renewal) Section 4 Wreckfish Section 3
Added "Partnership" as an allowable business type.	Vessel EEZ Section a, 5b, 6b, 7a, and 7b Wreckfish Section 2b, 4a, 4b, 5b, 6a, 6b, Colombian Treaty Waters Section 4, 5b, and 6 Dealer Section 1 and 4
Modified/created the Small Business Certification section to: • use a more user-friendly flow chart; • collect the NCAIS code for non-small businesses as well as small businesses; and • Collect the year for which the small-vs-large business determination was based.	Vessel EEZ Section 12 Aquaculture (New and Renewal) Section 8 Wreckfish Section 8 Dealers Section 6 Colombian Treaty Waters

	Section 8
Added new section to collect information about “Businesses that own Businesses”. This data was supposed to be provided in the *old* Section “Officer/Shareholder information for businesses that own or lease the vessel”, but constituents got confused. If a business is owned by another business, the applicants often failed to fill the section out correctly. By separating the single section into two sections, one to collect information about individual officers/owners of businesses and a new section to collect information about business owners of businesses, the form should be less confusing.	Vessel EEZ Section 7 Colombian Treaty Waters Section 6 Wreckfish Section 6 Aquaculture (New and Renewal) Section 6
Added new section to collect information about “Businesses that own the Dealer”. This data was supposed to be provided in the *old* Section “Businesses as Owners and Officer/Shareholder Information”, but constituents got confused. If a business is owned by another business, the applicants often failed to fill the section out correctly. By separating the single section into two sections, one to collect information about individual officers/owners of dealer and a new section to collect information about business owners of the dealer, the form should be less confusing.	Dealer Section 4
NMFS changed the order of Sections to collect the "lessee information" before collecting "owner/officer information" or “businesses that own businesses” information, because it provides for a more logical order for the applicant.	Vessel EEZ Wreckfish
Added a section to collect vessel lessee data.	Wreckfish Section 5
Added socioeconomic and demographic data collections to vessel owner, lessees, and business officer and owner information.	Colombian Treaty Water

The purpose of revising and expanding the SERO permit application forms is to better comply with National Standard 4 (NS4) of the Magnuson-Stevens Act, which states, in part: “If it becomes necessary to allocate or assign fishing privileges among various United States fishermen, such allocation shall be (A) fair and equitable to all such fishermen; (B) reasonably calculated to promote conservation; and (C) carried out in such manner that no particular individual, corporation, or other entity acquires an excessive share of such privileges.”

In addition, the Regulatory Flexibility Act (RFA) and the Small Business Administration's (SBA) regulations implementing the RFA require federal agencies, including NMFS, to determine whether their rulemakings have a significant, adverse economic effect on “small” entities (e.g., businesses) directly regulated by those rulemakings. Agencies must also determine whether their rulemakings have any disproportionate economic effects on small entities relative to large entities. The determination of an entity’s size must account for affiliation between entities (i.e., when one business partly or wholly owns another business).

It is not possible to determine accurately whether businesses are affiliated, without ownership percentage data for all businesses that possess permits. Ownership percentage data is not currently collected for dealers, but there is anecdotal evidence that some dealers have ownership

interests in commercial harvesting permits and vessels. SERO thinks it is prudent to request that permit applicants confirm whether they are small or large entities as per SBA standards.

Based on the above, it has been determined that the proposed revisions to SERO's permit application forms with respect to ownership data, form or type of business, and confirmation of whether entities are small or large are needed to better comply with NS4 of the Magnuson-Stevens Act and the RFA.

Executive Order (E.O.) 12898 requires federal agencies to analyze the environmental effects, including human health, economic and social effects, of federal regulatory actions whenever an analysis is required under the National Environmental Policy Act (NEPA). E.O. 12898 also requires the agency to mitigate any significant and adverse effects of its regulations, provide for effective minority participation in the NEPA process, and to collect, maintain and analyze data on minority populations. Finally, information on minorities is also needed to comply with the "fairness and equitable distribution" provisions of the Magnuson-Stevens Act, including NS4 and section 303(b)(6).

The SERO Permits Office also proposes to split the single application form for Aquacultured Live Rock into two application forms. The two forms would be the Federal Permit Application for Aquacultured Live Rock (New) (Aquacultured Live Rock New Permit) and Federal Permit Application for Aquacultured Live Rock (Renewal) (Aquacultured Live Rock Permit Renewal).

The Aquacultured Live Rock New Permit includes the collection of data previously collected via a separate form, Aquaculture Site Evaluation Report, among other revisions. The proposed revisions to establish the Aquacultured Live Rock New Permit application do not affect the time burden for applicants for new sites or new permit holders, but should clarify the application process for most applicants of new sites. The application form for the Aquacultured Live Rock Permit Renewal does not include the Aquaculture Site Evaluation Report; however, the Aquacultured Live Rock Permit Renewal form does include other clarifying revisions. NMFS is proposing to remove the stand-alone version of the Aquaculture Site Evaluation Report form from OMB Control No. 0648-0205.

The proposed revisions to the specified application forms are administrative and generally divide existing data fields into smaller parts to gather information that is more specific. NMFS intends the revisions to make the requested information clearer and easier to understand, and therefore, applications may require less time to complete in some cases. Additionally, NMFS removed some data fields that were collecting less meaningful data. NMFS estimates that the proposed revisions would not change the annual number of respondents or responses, or annual costs to affected permit applicants from estimates in the currently approved collection. Across the application forms, NMFS estimates these revisions would increase the overall time burden.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

As stated above, this information collection contains permit application forms, and fisheries' reporting, notification, and registration forms. All permits in this collection must be renewed

annually. Permits can be used to accomplish many functions. One of the main purposes for issuing permits is to identify the participants in a particular trade or industry. NMFS manages fisheries on a regional basis; likewise, permits are issued by regional offices and the permit databases are regionally distributed.

The information requested is used by various offices of NMFS, staff of the regional fishery management councils (Councils), the United States Coast Guard, United States Army Corps of Engineers, and state fishery agencies under contract to NMFS to develop, implement and monitor fishery management strategies. Analyses and summarizations of data are used by NMFS, the Councils, the Departments of State and Commerce, OMB, the fishing industry, Congressional staff, and the public to answer questions about the nature of the Nation's fishery resources.

Collection of information through annual permits provides current information on the vessel owners, operators, and dealers participating in these fisheries, thus facilitating information gathering for purposes such as catch quota monitoring, which is necessary to avoid exceeding catch quotas. For example, NMFS requires that vessel permits be displayed to dealers and that permit numbers be recorded on dealer reports in order to validate landings of some species.

A current permit holder list aids NMFS in the communication and enforcement of fishery regulations through distribution of management program brochures, fish identification guides, and regulatory compliance guides. In addition, a permit "universe" facilitates collecting catch and effort information about commercial and recreational fisheries, as required by law. NMFS constructs sampling frames for dockside and telephone surveys from permit holder lists and uses the list to select vessels for logbooks or at-sea observers (addressed under separate collections). Such surveys, logbooks, and observer reports provide essential information for management of fisheries in the United States, particularly in terms of quota allocation decisions that follow Magnuson-Stevens Act recommendations, such as allocating fishing opportunities consistent with traditional fishing patterns and considering the economic values to various user groups. Another purpose of the vessel permit requirement is that it serves as a useful tool in support of enforcement of fishery regulations. That is, the permit can be revoked as a penalty for a violation of fishery conservation measures.

NMFS requires fishermen (respondents) to display up to two adhesive decals on their vessel if they have a federal Charter Vessel/Headboat Permit for Gulf Reef Fish, or the Charter Vessel/Headboat Permit for Gulf Coastal Migratory Pelagic fish, and their respective Historical Captain endorsements if applicable, in these two Gulf fisheries. NMFS issues one decal with each of the two specific fishery permits or endorsements. The purpose of the decals is to allow individuals and law enforcement officials to identify vessels that have federal permits more easily.

This collection also requires respondents to provide information through fisheries' reporting, notification, and registration forms. The provided information allows NMFS to disseminate information to fishery participants, satisfy regulatory requirements, and effectively manage fisheries in the southeast region.

<u>The following information collections are contained under OMB Control Number 0648-0205 and are proposed for revision:</u>

Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone. The Federal Vessel Permit Application Form is used to collect vessel information. Permits are issued annually or more frequently at the request of the applicant if changes are necessary. There is one vessel permit application form that is used for both new vessels that are applying for a vessel permit and for previously permitted vessels that want to renew their vessel permit. For a person on aboard a vessel used to harvest or possess federally-managed species in or from the EEZ, a vessel permit is required, as specified in 50 CFR part 622. For a person aboard a vessel used to harvest or possess smoothhound shark, a vessel permit is required, as specified at 50 CFR 635.4. The smoothhound shark permit application is included as part of this form.

Federal Permit Application for Vessels Fishing for Wreckfish Off the South Atlantic States. This fishery is managed under the wreckfish individual transferable quota (ITQ) system, as specified in 50 CFR 622.172. NMFS provides each wreckfish shareholder with ITQ coupons in various denominations, the total of which equals his or her ITQ, and a copy of the calculations used in determining his or her ITQ. Each coupon is coded to indicate the initial recipient but is transferable to another shareholder. The information collection for the coupons for tracking wreckfish ITQ in the South Atlantic is contained under OMB Control Numbers 0648-0013 and 0648-0016.

Federal Permit Application for Dealers. Identification of dealers or processors is needed to obtain first purchase information on landings to evaluate the biological, economic, and social implications of management measures. The Gulf and South Atlantic dealer permit was implemented in 2014 to obtain more timely purchase information from dealers to better monitor annual catch limits for the various Gulf and South Atlantic species managed by NMFS SERO and the regional fishery management councils. This permit allows dealers to purchase all species managed by the Gulf and South Atlantic Fishery Management Councils (except for IFQ species, for which an IFQ dealer endorsement would still be required). The Magnuson-Stevens Act, Regulatory Flexibility Act, and Executive Orders 12866 and 12131 require the determination of these facts. For a dealer to first receive fish harvested in or from the EEZ, a Gulf and South Atlantic dealer permit must be issued to the dealer, as specified in 50 CFR 622.20(c)(1) for Gulf reef fish, 622.90(a)(1) for Gulf red drum, 622.170(c)(1) for South Atlantic snapper-grouper, 622.200(c)(1) for South Atlantic rock shrimp, 622.240(b)(1) for South Atlantic golden crab, 622.270(d)(1) for Atlantic dolphin and wahoo, 622.370(c)(1) for Gulf and South Atlantic coastal migratory pelagics, and 622.400(a)(5)(i) for Gulf and South Atlantic spiny lobster. As with the Gulf and South Atlantic species, dealers purchasing swordfish and sharks caught in the Atlantic Ocean, including the Gulf of Mexico and Caribbean Sea, must have a dealer permit as specified in 50 CFR 635.4. These requirements for shark and swordfish dealers are needed not only to comply with the statutes and executive orders mentioned above but also to comply with international requirements.

Federal Permit Application for Aquacultured Live Rock (New and Renewal) Form and Instructions. The purpose of this data collection is to collect information on types and quantities of aquacultured live rock that are harvested, as specified in 50 CFR 622.70 and 622.220. Although these data are collected by some state fishery agencies (notably Florida), it continues to be important to collect this information from harvesters with a Federal permit that are not from a state that requires regular permitting.

Federal Permit Application for Southeast Issued Operator Card. Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp permits are not valid unless the operator or a crewmember holds a valid operator card when fishing for Atlantic dolphin and wahoo or South Atlantic rock shrimp, as applicable. NMFS proposes organizational changes only to the Operator Card application.

Federal Permit/Certificate Application to fish in the Colombian Treaty Waters. The Colombian Treaty Waters Permit Application form is a federal permitting requirement that is part of the negotiated treaty with Columbia that permits U.S. vessels to fish in Columbian waters (50 CFR 300.123).

Change of Information for Permit Holders. The owner or operator of a vessel with a permit, a person with a coral permit, a person with an operator permit, or a dealer with a permit must notify the SERO Regional Administrator within 30 days after any change in the application information specified, as required by 50 CFR 622.4(b). This information includes: name, address, telephone number, date the business was formed, and other identifying information of the business. The permit is void if any change in the information is not reported within 30 days. The SERO Permits Office posts a form for this purpose on their Web site; however, use of the form is optional as long as NMFS receives notification of any change in permittees' information within the specified period. NMFS revises the instructions of this form to clarify that use of this specific form to notify NMFS of any information changes is optional. The revision would also add the estimated annual number of responses[1] and time burden to the information collection.

Notice of Intent to Harvest Aquacultured Live Rock. At least 24 hours prior to harvest of aquacultured live rock, the owner or operator of the harvesting vessel must provide information to the NOAA Office of Law Enforcement (OLE), Southeast Division, as specified in 50 CFR 622.75(a)(4) and 622.225(a)(5). The owner or operator can either call, or fax a completed form to NOAA OLE. NMFS revises the instructions of this form to clarify that use of this specific form to notify NMFS of any information changes is optional. The revision would also add the estimated annual number of responses[1] and time burden to the information collection.

Application to Consolidate Gulf of Mexico Reef Fish Permits. A permit holder with multiple commercial vessel permits for Gulf reef fish has the option to consolidate some or all of those permits and the associated landings histories into a single permit. The permit holder must submit a completed permit consolidation application to NMFS, as specified in 50 CFR 622.20(a)(1)(ii). NMFS proposes to revise the estimated annual time burden and number of annual responses associated with this information collection.

Application for Duplicate Federal Fishery Permits, Operator Cards, or Decals. The SERO Permits Office posts this optional form on their Web site for permit holders and operators to obtain duplicates of previously issued documentation. Permit holders and operators may use the optional form or provide the equivalent details in writing to the SERO Permits Office. NMFS proposes to revise the estimated annual time burden and number of annual responses associated with this information collection.

[1] NMFS uses the estimated annual number of responses to estimate volume, rather than respondents, because one respondent could provide multiple responses during a year.

Annual Landings Report for Gulf of Mexico Shrimp. The owner or operator of a vessel issued a federal commercial vessel permit for Gulf shrimp must annually report the permitted vessel's total annual landings of shrimp and value, by species, on a form provided by the Southeast Fisheries Science Center. Compliance with this reporting requirement is required for permit renewal, as specified in 50 CFR 622.51(a)(4). NMFS revises the estimated annual number of respondents and responses due to a reduction in the fleet size of the shrimp fishery. NMFS also revises the estimated annual time burden per response and total annual time burden.

Income Qualification Affidavit for Spiny Lobster. NMFS proposes to remove this individual form from OMB Control Number 0648-0205. The information this form collects is also collected on the Vessel EEZ Application and is duplicative. Because the information is already collected on another approved form, there is no change to the estimated annual time burden or number of respondents.

<u>The following information collections are also contained under OMB Control Number 0648-0205 but are not proposed for revision:</u>

Notification of Lost or Stolen Traps and/or Notification of Authorization for Trap Retrieval. Vessel and permit holders are required to notify NMFS when a trap is lost, stolen, or being retrieved for inventory purposes, as specified in 50 CFR 622.249(c) for South Atlantic golden crab, and 622.403(b)(3) and 622.405(b) for Gulf and South Atlantic spiny lobster.

Zone Transit Notification. For a person aboard a fishing vessel to fish for golden crab in one of three designated zones in the South Atlantic EEZ - the northern zone, the middle zone, or the southern zone - a golden crab permit for a specific zone is required. In order to transit a non-permitted zone with golden crab on board, the vessel operator must notify NOAA OLE, as specified in 50 CFR 622.241(b)(2).

Transfer Notarization. Transfer notification application must be accompanied by the original permit and a copy of a signed bill of sale or equivalent acquisition papers, as specified in 50 CFR 622.4. In those cases where a permit, license, or endorsement is transferable, the seller must sign the back of the permit, license, or endorsement and have the signed transfer document notarized.

International Maritime Organization (IMO) Registration. Commercial vessels fishing for highly migratory species (HMS) are required to obtain an IMO number if they are 20 meters in length or longer (approx. 65 feet) in length. A vessel owner is only required to register the vessel one time, and then the IMO number is permanently assigned to that vessel and does not change or expire, regardless of any subsequent change in vessel ownership. SERO collects the IMO number through the Vessel EEZ Application for the NMFS HMS Division and is required to renew or obtain a HMS limited access permit, including the Atlantic tuna longline, shark incidental, shark directed, swordfish incidental, swordfish directed, and swordfish handgear permits. Permit applications that do not contain the required supporting documents are considered incomplete. Collection of this information through annual vessel permits provides current information on the vessel owners participating in these fisheries, thus facilitating quota monitoring necessary to avoid exceeding catch quotas for HMS and helps support enforcement efforts of fishery regulations.

Smoothhound Shark Permit. This annual permit requirement aids in identifying the participants in the commercial smoothhound shark fishery to facilitate information gathering for fishery management and quota monitoring, facilitate enforcement of fishing regulations, and help maintain a sustainable fishery. For a person aboard a vessel used to harvest or possess any highly migratory species (i.e., sharks, tunas, swordfish), a vessel permit(s) is required as specified at 50 CFR 635.4. The smoothhound shark permit application is included as part of the Vessel EEZ Application form. In the discussion below, estimates of the annual numbers of respondents, responses, and time and cost burden are given separately from the Vessel EEZ Application.

Aquacultured Live Rock Deposit or Harvest Report. A person with a federal aquacultured live rock permit must submit this report for each deposit or harvest activity, as specified by 50 CFR 622.71 and 622.221.

NMFS anticipates that the information collected by these forms could be disseminated to the public or used to support publicly disseminated information. As explained in the following sections, the information gathered has utility. NMFS will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See the response to Question 10 of this supporting statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

The SERO and other NMFS Web sites include the forms under this collection. NMFS can also mail forms and instructions to respondents. Respondents can download and complete forms electronically, or complete paper forms, and then they can either mail or bring the forms to NMFS. Online permit application renewals are currently available only for some of the permits included on the Vessel EEZ Application form. All other permitting requirements are currently still paper forms.

4. Describe efforts to identify duplication.

The Caribbean, Gulf of Mexico, and South Atlantic Fishery Management Councils and their advisory groups meet multiple times per year to discuss issues pertinent to management of fisheries in the southeast region, including permits and permitting requirements. These groups include representatives from fishing and processing industries, environmentalists, the academic community, and the Atlantic, Gulf, and U.S. Caribbean states and territories. Through these forums and the federal rule-making process, information including any potential duplication of permitting requirements is identified. No duplication regarding the forms proposed for revision has been identified.

5. <u>If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden</u>.

Because nearly all applicants are currently thought to be small businesses or small entities, separate requirements based on size of business have not been developed. However, one of the purposes of the proposed revisions is to determine more accurately if permit holders are in fact small entities. Only the minimum data to meet the current and future needs of NMFS' fisheries management are requested from the applicants.

6. <u>Describe the consequences to the federal program or policy activities if the collection is not conducted or is conducted less frequently</u>.

If this information collection were not conducted or conducted less frequently, the United States would have difficulty fulfilling reporting and compliance obligations under Magnuson-Stevens Act, possibly resulting in violations of Magnuson-Stevens Act requirements, including catch-reporting requirements.

Species harvested in fisheries with permits under this collection of information are managed under the Magnuson-Stevens Act and in several fishery management plans (FMPs). Section 303(b) of the Magnuson-Stevens Act provides statutory authority to require permits for fisheries governed by FMPs issued by the Secretary of Commerce.

In addition, regulations at 50 CFR parts 300 subpart M, 622, and 635 require the permits under this collection of information. The importance of the information collected prior to permit issuance and the use of the permit system is explained under Question 2.

7. <u>Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines</u>.

There are no special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

8. <u>Provide information on the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported</u>.

NMFS published a Federal Register notice on December 20, 2016, soliciting comments for a 60-day period on the renewal and revision of this information collection (81 FR 92789). NMFS did not receive any comments.

In February 2016, the SERO Permits Office sent the revised application form for a dealer permit to nine dealers for pre-testing purposes, more specifically to estimate the time burden of a recently revised form and assess applicant comprehension of the new questions and revisions to existing questions. A separate questionnaire requested the time to fill out the form and any

additional comments. Two dealers returned the questionnaires, and the information they provided was incorporated into NMFS' estimated annual time burden for that form.

The NMFS Permits Office has a "walkup window" through which constituents ask questions and submit applications on a regular basis. During 2017, informal queries by NMFS to such constituents regarding the amount of time required to complete the application has supported the time burden estimates requested with this document.

In addition, over the last several months, the NMFS Permits Office has used phone and in-person conversations with constituents to help identify areas to improve the permit administration process. NMFS also analyzed the frequency of various application deficiencies to identify the most prevalent omissions. The proposed revisions to the instructions attempt to reduce those frequent deficiencies by clearly listing application requirements near the front of the application. The proposed revisions to instructions also describe the circumstances for which each application section must be completed, so respondents can readily identify which applications sections pertain to them. This additional guidance adds to the length of the instructions, but is expected to provide clarity, reduce application deficiencies, and make the application experience easier for the respondents.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

There are no payments or other remunerations to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

As stated on the forms and unless otherwise noted, all data submitted under the proposed collection will be handled as confidential material in accordance with the Magnuson-Stevens Act, Section 402b, and NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

This information collection is included in a comprehensive NMFS Permits and Registrations System of Records Notice (SORN), COMMERCE/NOAA #19, Permits and Registrations for U.S. Federally Regulated Fisheries, published 04/17/2008, and effective 06/11/2008. An updated SORN was published on August 7, 2015, and became effective on October 15, 2015.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

No questions of a sensitive nature are asked.

12. Provide an estimate in hours of the burden of the collection of information.

The CURRENT estimated annual burden hours for this collection of information total 7,023 hours, the number of responses total 16,639, and the number of respondents total 13,909. The changes are shown below, in text and table.

If OMB approves this revision request, respondents would utilize the revised forms when they apply for or renew their permits, or are otherwise required to use the forms. For purposes of this revision request, NMFS assumes that all current permit holders would renew their permits.

The following table includes all information collections under OMB Control Number 0648-0205, including updated numbers of respondents and responses, and also revisions to and improved accounting for time burden estimates to forms and information collection requirements.

For the Vessel EEZ Application, NMFS estimates 5,648 respondents to apply annually. On average, respondents submit just over one response annually, for a revised annual estimate of 6,481 responses, and apply for or renew multiple permits each time (16,114 total permits or approx. 2.5 per response). This would be a decrease from the currently approved annual number of responses, 10,064, which also included the following Wreckfish Application.

For the Wreckfish Application, NMFS estimates five respondents to submit six responses annually.

For the Dealer Application, NMFS estimates 461 respondents to submit 533 responses annually. This would be a decrease from the currently approved annual number of responses, 1,126.

For the Aquacultured Live Rock Application (New), NMFS estimates three respondents to submit three responses annually. This is a new form version, so there is no previously approved number of responses; however, the total number of annual responses currently approved is 56.

For the Aquacultured Live Rock Application (Renewal), NMFS estimates 15 respondents to submit 22 responses annually. This is a new form version, so there is no previously approved number of responses; however, the total number of annual responses currently approved is 56.

For the Operator Card application, NMFS estimates 552 respondents to submit 552 responses annually. This would be a decrease from the currently approved estimate of 614 responses annually.

For the Colombian Treaty Water Application form, NMFS estimates one respondent to submit one response annually. This would be a decrease from the currently approved estimate of five respondents annually.

For the Annual Landings Report for Gulf of Mexico Shrimp, NMFS revises the estimated annual number of respondents and responses to 1,325 and 1,432, respectively, due to a reduction in the fleet size of the shrimp fishery. This would be a decrease from the currently approved estimate of 2,500 responses annually.

For the Permit Transfer Notarization, NMFS revises the estimated annual number of respondents to 1,500, because respondents typically transfer more than one permit at a time. This would be a decrease from the currently approved estimate of 1,710 respondents annually.

Name of Federal Permit Application or Form	Estimated annual respondents (number)	Estimated annual responses (number)	Current time burden estimate (minutes)	Current total time burden (hours)	Revised time burden estimate (minutes)	Estimated total time burden (hours)
Application for Vessels Fishing in the EEZ	5,648	6,481	39	4,908	50	5,401
Application to Fish for Wreckfish off South Atlantic States	5	6	21	2	55	6
Application for an Annual Dealer permit	461	533	29	258	30	267
Application for New Aquacultured Live Rock Permit	3	3	41[(a)]	1	70	4
Application to Renew Aquacultured Live Rock Permit	15	22	21[(b)]	8	50	18
Notice of Intent to Harvest Aquacultured Live Rock	18	120	0	0	10	20
Aquaculture Deposit Harvest Report	18	120	15	9	15	30
Application for Operator Card	552	552	21	266	30	276
Application to fish in Colombian Treaty Waters	1	1	30	3	50	1
Change of Information for Federal Fishery Permit Holders	50	50	0	0	5	4

Application to Consolidate Gulf of Mexico Reef Fish Permits	1	1	0	0	5	1
Application for Duplicate Permits, Cards, or Decals	150	150	0	0	10	25
Notification of Lost Traps	9	9	10	2	10	2
Zone Transit Notification	5	5	10	1	10	1
Gulf Shrimp Landings Report	1,325	1,432	5	208	20	477
Permit Transfer Notarization	1,500	1,710	5	143	10	285
IMO Number Registration	50	50	30	25	30	25
Smoothhound Shark Permit	500	500	30	250	50	417
Totals	10,311	11,745	307	6,084	510	7,260*

7259 in ROCIS

(a) Includes the combined burden of the previously separate Federal Permit Application for Aquacultured Live Rock (New Permit) and Aquaculture Site Evaluation.

(b) Renewal of this permit previously used the single Federal Permit Application for Aquacultured Live Rock (Renewal) but did not require the Aquaculture Site Evaluation.

Therefore, for OMB Control No. 0648-0205, the new annual burden hour total would be 7,260 hours (7,023 hours currently approved + 237 hours requested).

13. <u>Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in Question 12 above)</u>.

The current total annual recordkeeping and reporting costs for this collection of information is estimated to be $483,828. The total annual cost to respondents from the proposed revisions in this collection of information would change as follows. For forms that may be mailed to NMFS, the costs include $1 for postage per response.

- Vessel EEZ Application: 6,481*($25, $10 (avg 2.5 permits per form=$40 per form)) = $259,240 +($1*6,481) = $265,721
- Wreckfish Application: $50*6= $300+($1*6) = $307 (per ROCIS)

- Dealer Application: 461*$50 + 72*$12.50=$23,950+($1*533) = $24,483
- Aqua Live Rock New: $175*3= $525+($1*3) = $528
- Aqua Live Rock Renewal: $31*22= $682+($1*22) = $704
- Intent to Harvest Aqua Live Rock: $0 fee +($1*0) (form optional)
- Aqua Deposit Harvest Report: 120*+ $1 postage= $120.
- Operator Card: 552*$50= $27,600+($1*552) = $28,152
- Columbian Treaty Waters Permit: $0 fee+($1*1) = $1
- Change of Info: $0 fee+($1*50) = $50
- Consolidate RF permits: $0 fee+($1*1) = $1
- Duplicate permits: $18*150= $2700+($1*150) = $2,850
- Gulf Shrimp Landings Report: $1*1,432 = $1,432
- Permit transfer notarization: $5*1710+($1*0) = $8,550 (mailed with permit application)
- Smoothhound Shark Permit Application: $25*500=$12,500+($1*500) = $13,000

Therefore, for OMB Control No. 0648-0205, the estimated annual cost burden to respondents would be $345,898 ($345,899 in ROCIS).

14. <u>Provide estimates of annualized cost to the Federal government</u>.

There are currently no costs to the government beyond regular staff hours, estimated to be 35,085 (3 hours per response) at a cost to the government of $15/hour, or $526,275. Any materials or supplies are recouped via "Full Cost-Recovery" as directed by NOAA Finance Handbook, 9-1. The cost does not include the IMO Registration, because respondents use a Web site that does not result in any cost to NMFS.

15. <u>Explain the reasons for any program changes or adjustments</u>.

Program changes are proposed to add approximately 228 hours to the annual time burden. NMFS proposes revisions to several information collections under OMB Control Number 0648-0205 to enhance the information collected on several federal permit application forms for economic analysis, for purposes of notifying respondents, and to clarify instructions and requirements, as described in Question 1. These proposed revisions will increase the annual time burden for respondents due to additional information collected from respondents, as well as the additional corresponding instructions as explained herein.

Adjustments are proposed to add a net of 9 hours to the annual time burden. NMFS has adjusted annual estimates of respondents, responses, burden hours, and costs to respondents, based on analysis and updates to these elements, as well as feedback from affected respondents. Twenty-seven of those hours are due to inclusion of three small collections that had been inadvertently not included at some point: Permit holder change of information, request for duplicate permits or cards, and application to consolidate reef fish permits.

NMFS estimates that under the collection of information in OMB Control No. 0648-0205:

- The number of annual respondents would decrease from 13,909 to 10,311, and
- The number of annual responses would decrease from 16,639 to 11,745.

16. For collections whose results will be published, outline the plans for tabulation and publication.

The results from this collection are not planned for statistical publication. NMFS may distribute the results of the observations for general information.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

Not applicable.

18. Explain each exception to the certification statement.

Not applicable.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

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)
sero.nmfs.noaa.gov/permits

REPORT FOR THE DEPOSIT OR HARVEST OF AQUACULTURED LIVE ROCK

OMB Control No. 0648-205;
Expiration Date: 04/30/2017

Form revised 10/15/2014

FOR OFFICE USE ONLY

Reviewer Initials and Date Entered	

INSTRUCTIONS: Complete section 1 and either section 2 or 3 with all information. Please sign, date, and print your name in section 4. You must fill out a seperate report for each deposit or harvest activity. Do not list deposits or harvests done on the same date on the same report. You must make a seperate report for each deposit of materials that are from different sources, suppliers and/or geographic origin, even if made on the same date.

1. PERMIT HOLDER INFORMATION

Permit holder as shown on the permit

Site number the material was deposited to or harvested from AQU-

2. DEPOSIT INFORMATION

Name of the source/supplier of the deposited material

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						

Geographic origin of the deposited material

Date Deposited (dd/mm/yyyy)	Average Dimensions (inches) (e.g. 12" x 12")	Total Weight Deposited (Pounds)

3. HARVEST INFORMATION - FILL OUT ONLY IF LANDED OUTSIDE THE STATE OF FLORIDA

NOTE: If landing INSIDE the state of Florida, you must report to the Fisheries Department Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marine Fisheries Trip Ticket). Call the trip ticket office at 727/896-8626 for more information.

Name of the purchaser of the harvested material

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						

Date Harvested (mm/dd/yy)	Total Weight Harvested (pounds)	Price Per Pound	Total Dollar Value

4. SIGNATURE

SIGNATURE

PRINTED NAME	POSITION IN COMPANY	DATE

Public reporting burden for this collection of information is estimated to average 15 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.

OMB Control No. 0648-0205
Approval Expires: 4-30-2017

NOTICE OF INTENT TO HARVEST AQUACULTURED LIVE ROCK

At least 24 hours prior to the harvest of aquacultured live rock, the owner or operator of the harvesting vessel must provide the following information to the NOAA Office of Law Enforcement, Southeast Division, St. Petersburg, FL. The owner or operator can either call 727-824-5344, or fax this completed form to 727-824-5355.

Name: _____

Business Name: _____ (circle Owner or Operator)

Address: _____

City:_____ State: _____ Zip: _____

Permit Number of Site to be Harvested:_____ Date of Harvest: _____

Name of Vessel used in Harvest: _____

Official Number of Harvesting Vessel: _____

Date of When Aquacultured Live Rock will be Landed: _____

Port where Landed: _____

Facility where Landed: _____

Comments:

FOR OFFICE USE ONLY

Date of Notification: _____ Time: _____

NOAA/NMFS Receiving Notification: Yes _____ FWCC Receiving Notification: Yes _____

Notification by fax: _____ or phone: _____ Notification by fax: _____ or phone: _____

Public reporting burden for this collection of information is estimated to average 10 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries Web site. Non-confidential information means: name, street address, city, state, ZIP Code, effective date of permit, permit types, vessel name, vessel identification number, vessel length, vessel tonnage (gross and net), vessel horse power, in the case of a “for-hire” vessel the passenger capacity, or individual, corporate, and lease holders of permits. 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.

Instructions for the Federal Permit Application for Aquacultured Live Rock (new permit)

Rev 04/04/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

Additional guidance regarding Aquacultured Live Rock is available on the web at: http://sero.nmfs.noaa.gov/aquaculture/

General Instructions:

Aquacultured Live Rock (ALR) permits issued to one or more permit holders allow the deposition to and harvest of materials at a specific geographic location, or *site*. Use *this* application to request an ALR permit for a site that has not previously been issued an ALR permit,

To renew an ALR permit issued to the same permit holder(s) and for the same site, use the application titled Federal Permit Application for Aquacultured Live Rock (renew permit).

If you wish to apply as a new permit holder for an already existing site, see section below on how to conduct an ALR site transfer.

Under the current agreement between NMFS and the U.S. Army Corps of Engineers (USACE), the total acreage of all aquacultured live rock sites maintained by a single permit holder in Federal waters off the coast of Florida **may not exceed 1.0 acres**. Applicants desiring to maintain sites that exceed this 1.0 acre limit must contact their local USACE office (http://www.usace.army.mil/Locations/) and inquire about the individual permitting process for the deposit of aquacultured live rock in Federal waters off the coast of Florida.

What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1.
- ☑ *All applicants* must fill out Section 2a. If more than one vessel will be involved in the deposition or harvest of materials from the site, fill out Section 2b. Copy Section 2 as necessary to provide information about all vessels that may engage in the deposition or harvesting of materials from this site.
- ☑ *All applicants* must fill out Section 3. If the ALR permit is to be issued to one or more individuals, fill out section 5a for each individual to whom the permit is to be issued. If the ALR permit is to be issued to one or more businesses, fill out section 3b for each business to whom the permit is to be issued. Copy Section 3 as necessary to provide information about each individual or business requested to be an ALR Permit Holder.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more individuals, fill out Section 4 for all individual owners of the vessel(s). Copy Section 4 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more businesses, fill out Section 5 for all business owners of the vessel(s). Copy Section 5 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ Complete Section 6 to provide information about all businesses that own a business listed in Section 3b, Section 5a, and/or Section 5b. Copy Section 6 as necessary to provide information about all business owners within the ownership hierarchy of businesses requesting a permit or that own a vessel listed in this application.
- ☐ Complete Section 7 for all individual owners and officers of businesses listed in Section 3b, Section 5a and b, and Section 6a and b. Copy Section 7 as necessary to provide information about all individual owners and officers of businesses that are requesting a new permit or that own a vessel listed in this application.
- ☐ Complete Section 7c if any owners of the businesses listed in Section 3b, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.

☑ All applicants must complete Section 8 and Section 9.

See pages 3-6 for information about specific sections of this application.

What is the fee?

The application fee is **$175**. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable. The fee to replace a permit live rock permit is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

How do I transfer ownership of an existing Aquacultured Live Rock

If you are **not** the current permit holder for a particular site, you **must** include with this application a notarized statement signed by you and the current owner of the site. The notarized statement must provide details on the transfer and include the site number (e.g., AQU-XXX), latitude/longitude of the site, the full names and addresses and phone numbers of both the transferor and transferee. Note that all deposit and harvest reports for the site must be received by the NOAA Fisheries Permits Office and Florida Fish and Wildlife Research Institute, respectively, before the transfer can be finalized.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, for each vessel listed in Section 4.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☑ **Sample Deposit Material:** Provide a sample of the material to be deposited on the site for cultivation of live rock.

☑ **Nautical Chart:** Applicant shall identify the site on a nautical chart, or portion thereof, with sufficient enough detail to allow for site inspection, and shall provide accurate coordinates so that the site can be located by Global Positioning System (GPS) equipment. The chart number, title and edition must be clearly labeled and the chart must be large enough in scale to show sufficient detail to allow for site location and inspection.

☐ **U.S. Army Corps of Engineers Special Permit (if applicable)**: If the site(s) sites individually or cumulatively total more than 1.0 acre you must include a U.S. Army Corps of Engineers (USACOE) special permit for depositing material for the site(s).

☐ **Authorization from Florida Keys National Marine Sanctuary (if applicable).** If the new site is located within the Florida Keys National Marine Sanctuary, you must receive consent from the Florida Keys National Marine Sanctuary (FKNMS) Permit Coordinator (joanne.delaney@noaa.gov, or (978) 471-9653). Provide documentation of this consent with your application.

What about reporting compliance?

Deposit

Federal aquacultured live rock permit holders must report to the Permits Office after each deposition of material on a site. Such reports must be postmarked no later than 7 days after deposition and must contain the following information:

- Permit number of site and date of deposit.
- Geological origin of material deposited.
- Amount of material deposited.
- Source of material deposited, that is, where obtained, if removed from another habitat, or from whom purchased.

The form "Report for the Deposit or Harvest of Aquacultured Live Rock" is available on our public website at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_apps/index.html

Harvest

If you are landing your harvested aquacultured live rock **in Florida**, you must report to the Fisheries Dependent Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marin Fisheries Trip Ticket). Call the trip ticket office at (727) 896-8626 for more information.

You may use the "Report for the Deposit or Harvest of Aquacultured Live Rock" form only if you are landing harvested aquacultured live rock **outside of Florida**.

NOTE: You may only conduct activity (*e.g.*, deposition, harvest) on your site in years when you have an active federal Aquacultured Live Rock permit.

APPLICATION SECTION 1 – SITE INFORMATION.

Complete all fields in this section.

- This section must be prepared by an independent source in a manner pursuant to generally accepted industry standards, and shall demonstrate that the proposed site:
  a) Is not a hazard to safe navigation or a hindrance to vessel traffic
  b) Avoids traditional fishing operations, or other public access
  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.
- Provide a description of the site, as requested in sections 1a – 1d.
- Provide information about the independent surveyor who performed the site inspection.
- You may provide a supplemental report by the independent surveyor if such a report augments the descriptions in this section.

APPLICATION SECTION 2 – VESSEL INFORMATION.

Complete Section 2 for all vessels to be permitted to deposit or harvest of materials from the site. Copy this page as necessary to provide information about all vessels.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- Provide hailing port or home port of the vessel in the fields provided.
- Provide information about the Port of Landing, which is where the vessel will land the harvested aquacultured live rock, in the fields provided.
- For USCG documented vessels, provide the gross and net tonnage in the fields provided.
- Provide information about the vessel's physical characteristics in the fields provided.

APPLICATION SECTION 3 – PERMIT HOLDER INFORMATION.

Provide information about the individual(s) or business(es) to be listed as the permit holder. For individual permit holders, fill out section 3a. For business permit holders, complete Section 3b. If there is more than one permit holder, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent. Copy Section 3 as necessary to provide information about all individuals and businesses to be a permit holder. Specifically,

Section 3a

- For each individual permit holder, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the Individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Section 3b

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 4 -- INDIVIDUAL VESSEL OWNERS.

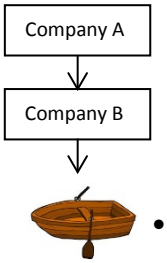
For each vessel listed in Section 2 that is owned by one or more individuals (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete Section 4 for all individual owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

APPLICATION SECTION 5 – BUSINESS VESSEL OWNERS.

For each vessel listed in Section 2 that is owned by one or more businesses (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration),complete section 5 for all business owners listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business listed within the ownership hierarchy of vessel owners or permit holders, as listed in Section 3b, or Section 5. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

APPLICATION SECTION 7 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business listed in Section 3b, Section 5, or Section 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

Minor shareholders

Section 7C is left blank for most applicants. Complete Section 7C if a business listed in Section 3b, 5, 6, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

APPLICATION SECTION 8 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION

The signator for a coral permit must be the individual who will be conducting the activity that requires the permit. In the case of a corporation or partnership that will be conducting live rock aquaculture activity, the signator must be the principal shareholder or a general partner.

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

Public reporting burden for this collection of information is estimated to average 70 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

OMB Control Number 0648-0205; Expiration date 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

FEDERAL PERMIT APPLICATION FOR AQUACULTURED LIVE ROCK (NEW)

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer Initials and date	
Check or Money Order Number and Amount	
New Site Number	
Expiration date	

Application Fees: New: $175 ☐

SCAN DATE AND INITIALS	

SECTION 1 - SITE INFORMATION

Is this a new or established site? New ☐ Established ☐ NMFS Site number: AQU- _____ If this is a new site, leave blank—NMFS will assign a number.

NOTE: If this is an established site and the applicant is not the current permit holder, the applicant must complete the site transfer requirements outlined in the instructions.

Site Location:

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 state of: _____ Minimum depth of water over the site at mean low water - reported in feet. _____ Ft.

SITE SURVEY REQUIREMENTS

1a. Description of the site location (i.e. 5.5NM SW of Rock key and .75NM east of Sand Shoal)

1b. Describe the naturally occurring bottom habitat at the site:

ASE2017.7P; Form Revision 03/21/2017

SECTION 1 - SITE SURVEY REQUIREMENT (continued)

1c. 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 live rock operations at the site.

1d. Describe the type, size, total amount and geological 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.

SURVEYOR INFORMATION

Company Name | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

I Certify that this survey information is true and correct to the best of my training, education and ability.

Surveyor Signature | Date Signed

Printed Name | Position in Company

Qualifications/experience of Surveyor:

SECTION 2 - VESSEL INFORMATION

Copy this page as needed to provide information for each vessel that is designated to deposit or harvest of live rock material. A vessel may not be used for depositing or harvesting of material if it is not included on the application.

SECTION 2a - Primary Vessel Information

Official Number From USCG Certificate Of Documentation

Vessel Name

Hull Identification Number

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

Port of Landing City

Port of Landing State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

State Registration Number (as applicable)

Year Built

Length (ft)

Total Horsepower

Crew Size - Including the Captain

HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?

LIVE WELL CAPACITY: How many gallons of water does your live well hold?

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity -
Total Gallons

SECTION 2b - Additional Vessel Information

Official Number From USCG Certificate Of Documentation

Vessel Name

Hull Identification Number

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

Port of Landing City

Port of Landing State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

State Registration Number (as applicable)

Year Built

Length (ft)

Total Horsepower

Crew Size - Including the Captain

HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?

LIVE WELL CAPACITY: How many gallons of water does your live well hold?

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity -
Total Gallons

SECTION 3 - PERMIT HOLDER INFORMATION

Complete Section 3a on this page for an individual that is requesting an Aquacultured Live Rock Permit. Complete section 3b for a business that is requesting an Aquacultured Live Rock Permit. ***Photocopy this page as needed to provide information on all permit holders. Select only ONE mailing recipient.***

Section 3a: Complete this section for an individual requesting an Aquacultured Live Rock Permit.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Complete this section for a business requesting an Aquacultured Live Rock Permit.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3b**

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

Section 4a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel.

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 –BUSINESS VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number) _____

Photocopy this page as needed to provide ownership information for all vessels listed in section 2.

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.* Photocopy this section as necessary to provide information about all businesses that own the vessel, or are owners of other businesses that own the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email _____ Cell Phone number and provider: _____

Section 5b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel. Photocopy this section as necessary to provide information about all businesses that own the vessel, or are owners of other businesses that own the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email _____ Cell Phone number and provider: _____

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 3b and 4b. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNER

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 3b, 5, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

☞ **(All Applicants must complete this section)**

Complete this section for the business(es)/organization(s)/ sole proprietorship(s) listed in section 5 to whom the permit will be issued.

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1. Is the business primarily involved in harvesting seafood (commercial Fishing)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
2. Is the business primarily involved in For-hire fishing services (charter, party/headboat)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
3. Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?
   - Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
4. Is the business primarily involved in processing seafood (seafood processor)?
   - Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
5. Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?
   - Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
6. Is the organization some other Non-Profit Organization (e.g. business association)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
7. Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: ☐ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business. Large ☐ Small ☐ Year ☐ You are done

SECTION 9 —APPLICANT SIGNATURE — I certify that the information provided is complete and correct.

Applicant Signature		Date Signed	
Printed Name		Position in Company	

Instructions for the Federal Permit Application for Aquacultured Live Rock (permit renewal)

Rev 04/042017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

Additional guidance regarding Aquacultured Live Rock is available on the web at: http://sero.nmfs.noaa.gov/aquaculture/

General Instructions:

Aquacultured Live Rock (ALR) permits issued to one or more permit holders allow the deposition to and harvest of materials from a specific geographic location, or *site*. Use *this* application to renew an ALR permit for a site for which you are listed as the permit holder on the most recent permit.

Use the **Federal Permit Application for Aquacultured Live Rock (NEW)** application to request an ALR permit for a site that has not previously been issued an ALR permit.

If you wish to apply as a new permit holder for an already existing site, see section below on how to conduct an ALR site transfer.

NMFS will not process requests to renew permits until applicants meet all reporting requirements (*e.g.*, deposit reports) specific to the aquacultured live rock fishery. Ensure you comply with all reporting requirements in advance of any renewal application requests to avoid delays.

Under the current agreement between NMFS and the U.S. Army Corps of Engineers (USACE), the total acreage of all aquacultured live rock sites maintained by a single permit holder in Federal waters off the coast of Florida may not exceed 1.0 acres. Applicants desiring to maintain sites that exceed this 1.0 acre limit must contact their local USACE office (http://www.usace.army.mil/Locations/) and inquire about the individual permitting process for the deposit of aquacultured live rock in Federal waters off the coast of Florida.

What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1.
- ☑ *All applicants* must fill out Section 2a. If more than one vessel will be involved in the deposition or harvest of materials from the site, fill out Section 2b. Copy Section 2 as necessary to provide information about all vessels that may engage in the deposition or harvesting of materials from this site.
- ☑ *All applicants* must fill out Section 3. If the ALR permit is to be issued to one or more individuals, fill out section 5a for each individual to whom the permit is to be issued. If the ALR permit is to be issued to one or more businesses, fill out section 3b for each business to whom the permit is to be issued. Copy Section 3 as necessary to provide information about each individual or business requested to be an ALR Permit Holder.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more individuals, fill out Section 4 for all individual owners of the vessel(s). Copy Section 4 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more businesses, fill out Section 5 for all business owners of the vessel(s). Copy Section 5 as necessary to provide information about all individuals that owner the vessel(s) listed in Section 2.
- ☐ Complete Section 6 to provide information about all businesses that own a business listed in Section 3b, Section 5a, and/or Section 5b. Copy Section 6 as necessary to provide information about all business owners within the ownership hierarchy of businesses requesting a permit or that own a vessel listed in this application.
- ☐ Complete Section 7 for all individual owners and officers of businesses listed in Section 3b, Section 5a and b, and

Section 6a and b. Copy Section 7 as necessary to provide information about all individual owners and officers of businesses that are requesting a new permit or that own a vessel listed in this application.

- [ ] Complete Section 7c if any owners of the businesses listed in Section 3b, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
- [x] All applicants must complete Section 8 and Section 9.

See pages 3-5 for information about specific sections of this application.

What is the fee?

The application fee is **$31** to **renew** an Aquacultured Live Rock permit. This fee is collected to cover the administrative cost of processing the application, and is non-refundable. The fee to replace a permit live rock permit is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

How do I transfer ownership of an existing Aquacultured Live Rock site?

If you are **not** the current permit holder for a particular site, you **must** complete a Federal Permit Application for Aquacultured Live Rock (NEW) and include a notarized statement signed by you and the current owner of the site. The notarized statement must provide details on the transfer and include the site number (*e.g.*, AQU-XXX), latitude/longitude of the site, the full names and addresses and phone numbers of both the transferor and transferee. Note that all deposit and harvest reports for the site must be received by the NOAA Fisheries Permits Office and Florida Fish and Wildlife Research Institute, respectively, before the transfer can be finalized.

What supporting documentation do I need?

- [x] **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, for each vessel listed in Section 4.
- [x] **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- [x] **Sample Deposit Material:** If the Provide a sample of the material to be deposited on the site for cultivation of live rock differs from what was originally provided to NOAA Fisheries, provide a sample of the new material with this application.

What about reporting compliance?

Deposit

Federal aquacultured live rock permit holders must report to the Permits Office after each deposition of material on a site. Such reports must be postmarked no later than 7 days after deposition and must contain the following information:

- Permit number of site and date of deposit.
- Geological origin of material deposited.
- Amount of material deposited.
- Source of material deposited, that is, where obtained, if removed from another habitat, or from whom purchased.

The form "Report for the Deposit or Harvest of Aquacultured Live Rock" is available on our public website at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_apps/index.html

Harvest

If you are landing your harvested aquacultured live rock **in Florida**, you must report to the Fisheries Dependent Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marin Fisheries Trip Ticket). Call the trip ticket office at (727) 896-8626 for more information.

You may use the "Report for the Deposit or Harvest of Aquacultured Live Rock" form only if you are landing harvested aquacultured live rock **outside of Florida**.

NOTE: You may only conduct activity (*e.g.*, deposition, harvest) on your site in years when you have an active federal Aquacultured Live Rock permit.

APPLICATION SECTION 1 – SITE INFORMATION.

- Provide the Site Number (as issued by the NMFS) for your previously issued Aquacultured Live Rock site.
- Also, indicate whether material was deposited on this site during the time period that the last permit for this site was valid.

APPLICATION SECTION 2 – VESSEL INFORMATION.

Complete Section 2 for all vessels to be permitted to deposit or harvest of materials from the site. Copy this page as necessary to provide information about all vessels.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- Provide hailing port or home port of the vessel in the fields provided.
- Provide information about the Port of Landing, which is where the vessel lands the aquacultured live rock, in the fields provided.
- For USCG documented vessels, provide the gross and net tonnage in the fields provided.
- Provide information about the vessel's physical characteristics in the fields provided.

APPLICATION SECTION 3 – PERMIT HOLDER INFORMATION.

Provide information about the individual(s) or business(es) to be listed as the permit holder. For individual permit holders, fill out section 3a. For business permit holders, complete Section 3b. If there is more than one permit holder, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent. Copy Section 3 as necessary to provide information about all individuals and businesses to be a permit holder. Specifically,

Section 3a

- For each individual permit holder, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the Individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Section 3b

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 4 -- INDIVIDUAL VESSEL OWNERS.

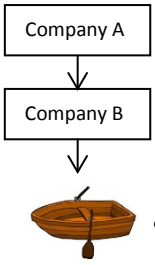
For each vessel listed in Section 2 that is owned by one or more individuals (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete Section 4 for all individual owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

APPLICATION SECTION 5 – BUSINESS VESSEL OWNERS.

For each vessel listed in Section 2 that is owned by one or more businesses (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration),complete section 5 for all business owners listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business listed within the ownership hierarchy of vessel owners or permit holders, as listed in Section 3b, or Section 5. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html
-

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 6.

APPLICATION SECTION 7 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business listed in Section 3b, Section 5, or Section 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

Minor shareholders

Section 7C is left blank for most applicants. Complete Section 7C if a business listed in Section 3b, 5, 6, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

APPLICATION SECTION 8 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION

The signator for a coral permit must be the individual who will be conducting the activity that requires the permit. In the case of a corporation or partnership that will be conducting live rock aquaculture activity, the signator must be the principal shareholder or a general partner.

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

Public reporting burden for this collection of information is estimated to average 50 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

OMB Control Number 0648-0205; Expiration date 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

FEDERAL PERMIT APPLICATION FOR AQUACULTURED LIVE ROCK (RENEWAL)

FOR OFFICE USE ONLY
Application ID

FOR OFFICE USE ONLY

Reviewer Initials and date	
Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared Date	
Expiration date	

Application Fees: Renewal: $31 ☐

SCAN DATE AND INITIALS	

SECTION 1 - SITE INFORMATION

Provide the SITE NUMBER (as assigned by NMFS) of the existing site in this box. ☐

Check here if material was deposited on the site during the period of time the last permit for this site was valid. ☐

SECTION 2 - VESSEL INFORMATION

NOTE: THE permit holder may be different from the vessel owner. You must provide complete vessel and vessel owner information for each vessel to be used for the deposit or harvest of live rock material. A vessel may not be used for depositing or harvesting of material if it is not included on the application.

Official Number From USCG Certificate Of Documentation

State Registration Number (as applicable)

Vessel Name

Year Built **Length (ft)** **Total Horsepower**

Hull Identification Number

Crew Size - Including the Captain

Hailing Port City

HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?

Hailing Port County Or Parish **Hailing Port State**

LIVE WELL CAPACITY: How many gallons of water does your live well hold?

Port of Landing City **Port of Landing State**

USCG DOCUMENTED VESSELS ONLY

Gross Tons **Net Tons**

International Maritime Organization (IMO) Number
As applicable (see instructions)

Hull Material

- ☐ FIBERGLASS
- ☐ STEEL
- ☐ WOOD
- ☐ CEMENT
- ☐ OTHER (DESCRIBE)

Fuel Data

- ☐ DIESEL
- ☐ GASOLINE
- ☐ OTHER (DESCRIBE)

Fuel Capacity - Total Gallons

A2017.5P; Form Revision 03/21/2017

SECTION 3 - PERMIT HOLDER INFORMATION

Complete Section 3a on this page for an individual that is an Aquacultured Live Rock Permit Holder. Complete section 3b for a Business that is a Aquacultured Live Rock Permit Holder. ***Photocopy this page as needed to provide information on all permit holders. Select only ONE mailing recipient. Note: Please refer to the instructions to see limitations on total site acerage for a single permit holder.***

Section 3a: Individual is an Aquacultured Live Rock Permit Holder. Complete this section is a individual is the permit holder.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Business as an Aquacultured Live Rock Permit Holder: Complete this section if a business is the permit holder.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 3b**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

Section 4a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel.

Is this individual a United States Citizen or permanent resident alien? YES NO

What this individual's Sex? Male Female

Is this Individual of Hispanic, Latino, or Spanish origin? Yes No

What is this individual's race? White; Black or African American; American Indian or Alaska Native; Asian American; Native Hawaiian or Other Pacific Islander; Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

Is this individual a United States Citizen or permanent resident alien? YES NO

What this individual's Sex? Male Female

Is this Individual of Hispanic, Latino, or Spanish origin? Yes No

What is this individual's race? White; Black or African American; American Indian or Alaska Native; Asian American; Native Hawaiian or Other Pacific Islander; Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 – BUSINESS VESSEL OWNER(S) INFORMATION

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.*

Type of business: S Corporation | Cooperative | Other_____ | C Corporation | Limited Liability Co. | Partnership

Was this Business properly established by the laws of the United States or any state of the United States? YES | NO

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email | Cell Phone number and provider:

Section 5b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business: S Corporation | Cooperative | Other_____ | C Corporation | Limited Liability Co. | Partnership

Was this Business properly established by the laws of the United States or any state of the United States? YES | NO

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email | Cell Phone number and provider:

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 3b and/or section 5. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: S Corporation | Cooperative | Other_____ | C Corporation | Limited Liability Co. | Partnership

Was this Business properly established by the laws of the United States or any state of the United States? YES NO

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: S Corporation | Cooperative | Other_____ | C Corporation | Limited Liability Co. | Partnership

Was this Business properly established by the laws of the United States or any state of the United States? YES NO

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 3b, 5, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

☞ **(All Applicants must complete this section)**

Complete this section for the business(es)/organization(s)/ sole proprietorship(s) listed in section 5 to whom the permit will be issued.

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1. Is the business primarily involved in harvesting seafood (commercial Fishing)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
2. Is the business primarily involved in For-hire fishing services (charter, party/headboat)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
3. Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?
   - Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
4. Is the business primarily involved in processing seafood (seafood processor)?
   - Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
5. Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?
   - Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
6. Is the organization some other Non-Profit Organization (e.g. business association)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
7. Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: ☐ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business.

   Large ☐ Small ☐ Year ☐ You are done

SECTION 9—APPLICANT SIGNATURE — I certify that the information provided is complete and correct.

Applicant Signature		Date Signed	
Printed Name		Position in Company	

Instructions for the Change of Information Form for Federal Fisheries Permits

Rev 04/04/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

General Instructions:

The owner /lessee of a vessel with a permit, a person with an operator permit, or a dealer with a permit must notify the SERO Permit Office within 30 days after any change in the application information. The permit is void if any change in the information is not reported within 30 days.

Changes to application information may be provided to the SERO Permit Office with this form, or by a letter or other format written notification. This application form is provided as a convenience. Other written notification, as long as it includes all necessary information to identify the information change and the authority of the requester, will also be accepted.

The SERO Permits office cannot accept change of information requests over the phone.

What Sections do I complete?

Complete all applicable sections of this application form. Specifically,

- ✓ Complete Section 1 to help us identify the permits affected by the change(s). E.g. if you are changing mailing address of a permit holder, a vessel owner or lessee, an officer or shareholder of a vessel owner or lessee, or an officer or shareholder of a dealer; identify the vessel number or dealer number of the permits affected.
- ☐ If the change of information affects a mailing or physical address you may provide the updated information in Section 2. If it does not involve a mailing or physical address, please describe the change in Section 1, or attach separate documentation.
- ✓ A signature is required from all applicants.

What if I don't use this form?

Changes to application information may also be provided by other written documentation. If providing other documentation, be sure it is clear what information is being changed, and the information change request is signed by somebody authorized to change the information. (e.g. the Permit Holder of a vessel or dealer permit, or an officer or owner of a business that holds a vessel or dealer permit, or the operator of an operator card.)

What is the fee?

There is no fee to update application information.

What Supporting Documentation is Required?

- ☐ For limited entry vessel permits, if the change of information is to any information *printed on the face of the permit*, include the original permit. An updated permit will be issued which reflects the change of information.

Where do I send requests to change application information?

Mail the changes in application information and any necessary supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.**

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

Public reporting burden for this collection of information is estimated to average 5 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

OMB Control Number 0648-0205; Expiration date 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov

CHANGE OF INFORMATION FORM FOR FEDERAL FISHERIES PERMITS

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Expiration Date	
Check or Money Order Number	
SCAN DATE AND INITIALS	

Federal regulations require permit holders to notify the Permits Office of any information change concerning the vessel and/or permit owner within 30 days of a change. Failure to notify the Permits Office of the change - especially an address change - may adversely impact permit(s). If you need additional forms, photocopy this blank form as many times as needed and fill out one for each individual/ business. Mark the box that applies to whom the change is for. The form must be signed by the individual named on the form or by an officer or shareholder if the change is for a business. There are no fees required to change/correct the information in sections 1 or 2.

SECTION 1 - VESSEL OR DEALER INFORMATION

NOTE: This form is only for changing information about your current vessel. Changing the vessel itself requires an application for transfer or new permits.

USCG Document Number or State Registration Number **Vessel Name**

Name of Dealer

Briefly tell us what information has changed

SECTION 2 - VESSEL OWNER, DEALER, OR PERMIT HOLDER INFORMATION

This entity is a: ☐ Vessel Owner or ☐ Permit Holder (if not the vessel owner) or ☐ Dealer

☐ MAILING RECIPIENT - All mail about the permit(s) will go to this individual.

Mr/Mrs/Ms **Last Name or Business Name** **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Tax Identification Number (SSN or FEIN) **Date of Birth or Business Filed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the street address is the same as the mailing address.**

Street Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Valid E-Mail Address

SECTION 3 - SIGNATURE OF INDIVIDUAL REQUESTING THE CHANGE

Applicant Signature Date

Print Name Position in Business

CH2017.3P Form Revision 03/22/2017

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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

Instructions for the Federal Permit Application for Vessels Fishing in the Colombian Treaty Waters

Rev 04/05/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

What Sections do I complete?

Complete all applicable sections of this form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1, and Section 2 and/or Section 3.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- ☐ If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- ☐ If the vessel is owned by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that own the vessel.
- ☐ If the vessel is leased by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that lease the vessel.
- ☐ If the vessel is owned or leased by a business, in addition to completing Section 4 and/or 5, complete Section 7. In Section 7, provide information about all individuals that are owners or officers of businesses listed in Section 4, Section 5, and/or Section 6.
- ☐ Complete Section 8 if the any owners of the businesses listed in Section 4, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
- ☑ *All applicants* must fill out Section 9.

See pages 3-6 for information about specific sections of this application.

What is the fee?

There is no fee for a Colombian Treaty Water permit

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Arrival and departure reports. The operator of each vessel of the United States for which a certificate and permit have been issued under §300.123 must report by radio to the Port Captain, San Andres Island, voice radio call sign "Capitania de San Andres," the vessel's arrival in and departure from treaty waters. Radio reports must be made on 8222.0 kHz or 8276.5 kHz between 8:00 a.m. and 12 noon, local time (1300-1700, Greenwich mean time) Monday through Friday.
- Catch and effort reports. Each vessel of the United States must report its catch and effort on each trip into treaty waters to the Science and Research Director on a form available from the Science and Research Director. These forms must be submitted to the Science and Research Director so as to be received no later than 7 days after the end of each fishing trip.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☐ **Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.

APPLICATION SECTION 1 – Vessel Information

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 the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.

APPLICATION SECTION 2 Vessel intentions

Provide the following information. Attach additional documentation if necessary:

- Principal port of landing for fish to be taken from the Colombian Treaty Waters
- Primary species of fish o be taken from the Colombian Treaty Waters
- Primary gear to be used in to be taken from the Colombian Treaty Waters

APPLICATION SECTION 3 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, complete Section 4 for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy **Section 3** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available). If there is more than one vessel owner and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and permits will be sent.

APPLICATION SECTION 4 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 4a for a single business owner. Also fill out Section 4b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 5 – LEASE Information

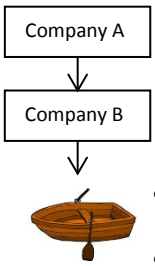
If the vessel is leased by one or more individuals, fill out section **5A.** Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 4 and Company B in section 6.

APPLICATION SECTION 7 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 4a, 4b, 5b, or 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If a business listed in Section4a, 4b, 5b, or 6 has owners that individually own less than 1% of the business, provide the total percentage of ownership which is individually held by owners who own less than 1% in section 7c.

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 7 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 8 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION

If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.

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

Public reporting burden for this collection of information is estimated to average 50 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov

OMB No. 0648-0205 Form Approval Expires: 4/30/2017

FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

FOR OFFICE USE ONLY
Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Sanction Case Number IF	
Expiration Date	
SCAN DATE AND INITIALS	

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation. Do not send the original.

SECTION 1 - VESSEL INFORMATION

USCG Documentation Number

Year Built **Length (ft)** **Total Horsepower**

Vessel Name

Name of Company That Built the Vessel

Hull Color **Superstructure Color**

Crew Size-Including the Captain

Do you have sails? ☐ YES ☐ NO

International Radio Call Sign

HOLD or FISH BOX CAPACITY
How many pounds of product can you bring to the dock when full?

Hull Identification or IMO Number

Hailing Port City

Hailing Port County Or Parish **Hailing Port State**

Gross Tons **Net Tons**

Hull Material
- ☐ FIBERGLASS
- ☐ WOOD
- ☐ STEEL
- ☐ ALUMINUM
- ☐ OTHER (DESCRIBE)

Fuel Data
- ☐ DIESEL
- ☐ GASOLINE
- ☐ OTHER

Fuel Capacity - Total Gallons

Product Storage (check all that apply)
- ☐ ON ICE IN HOLD FISH BOX, ICE CHEST, COOLER,
- ☐ FREEZER
- ☐ LIVE WELL

SECTION 2 - VESSEL INTENTIONS

Principal Port Of Landing Of Fish To Be Taken From Colombian Treaty Waters

Primary Species Of Fish To Be Taken From Colombian Treaty Waters

Primary Gear To Be Used In Colombian Treaty Waters

SECTION 3 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Section 3a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. ***Select only ONE mailing recipient.***

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4b**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 4a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.*

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date: _____ **Lease end date:** _____

Section 5a: Individual or Joint Lessee: Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual is leasing the vessel from the vessel owner. Copy this page as needed to provide information on all lessees.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 6a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email _____ Cell Phone number and provider: _____

Section 5b: Business Lessee: Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and owner information for the business must be provided in section 7.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 6b**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email _____ Cell Phone number and provider: _____

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 4, 5b. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 4, 5b, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

☞ **(All Applicants must complete this section)**

→ For vessels that are leased, complete this section for business(es)/organization(s)/sole proprietorship(s) that lease the vessel .

→ For vessels that are not leased, complete this section for the business(es)/organization(s)/ sole proprietorship(s) that own the vessel (i.e. the business(es)/organization(s) that appear on the vessel's USCG documentation or state registration).

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1. Is the business primarily involved in harvesting seafood (commercial Fishing)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
2. Is the business primarily involved in For-hire fishing services (charter, party/headboat)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
3. Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?
   - Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
4. Is the business primarily involved in processing seafood (seafood processor)?
   - Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
5. Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?
   - Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
6. Is the organization some other Non-Profit Organization (e.g. business association)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
7. Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: ☐ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business. Large ☐ Small ☐ Year ☐

SECTION 9 - SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 5a, or an officer or shareholder of the lessee as listed in Section 5b, with that individual's information listed in section 7. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 7.

Applicant's Signature		Date	
Print Name		Position in Business	

Instructions for the Federal Permit Application for Annual Dealer Permit

Rev 04/04/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1, 2, and 3.
- ☐ If the dealership, as listed in Section 1 and on the applicable state wholesale licenses, is a business that is owned by another business, fill out Section 4.
- ☐ If the dealership, as listed in Section 1, is a business, fill out Section 5 for all individual owners of the dealership listed in Section 1.
- ☐ Also, complete Section 5 for all individual owners of businesses that own dealership, as listed in Section 4. Copy Sections 4 and 5 as necessary to provide information for all owners of the dealership, and owners of businesses that own the dealership.
- ☑ *All applicants* must fill out Sections 6 and 7.

See pages 2-4 for information about specific sections of this application.

What is the fee?

The application fee is **$50 for one fishery and $12.50 for each additional fishery**, as described in the table below. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

The fee to replace one or more permits issued to a dealer is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Permits 1 = $50 2 = $62.50 3 = $75

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to:

NMFS Permits Office (F/SER14)
263 13th Avenue South,
St. Petersburg, FL 33701

To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew a dealer permit until all reporting requirements for the permit being renewed have been met (e.g., SAFIS, Trip Ticket, HMS electronic dealer reporting, e-1 Ticket, PC-1 Ticket programs). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Communications concerning Atlantic shark and/or swordfish dealer reporting requirements must be directed to the Atlantic Highly Migratory Species (HMS) Management Division at (301) 427-8590
- Communications concerning Gulf and South Atlantic Dealer (GSAD) reporting requirements must be directed to the SEFSC Quota Monitoring Office at (305) 361-4581. Current reporting status can be viewed at http://sefsc.noaa.gov/drsr/DealerReportingStatus.jsp

What supporting documentation do I need?

☑ **State Wholesale License**: Provide a copy of the valid state whole sale license for each state in which the dealership has a facility

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information.

☐ **HMS Workshop Certificate:** *Shark dealers* must provide a copy of *one* of the following HMS Workshop Certificates:

(A) Valid Dealer Certificate,
(B) Valid Proxy Certificate from an employee of the dealership, or
(C) *If the dealer's has an expired shark dealer permit,* ***or*** *if the dealer has never been issued a shark dealer permit*, a General Participant Certificate from an officer or owner of the dealership will also be accepted.

APPLICATION SECTION 1 –DEALER INFORMATION.
Complete all applicable portions of Section 1.

In Section 1A

- Enter the dealership name as it appears on the state wholesale license(s). If the dealership uses a fictitious name, or does business as another name, provide the DBA name in the space provided. All dealerships must provide a valid email address, and telephone number.
- If the dealership is a business, provide the dealership's Federal Employer Identification Number (FEIN) and date the dealership was formed.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html
- If the dealership is an individual, provide the dealer's Social Security Number (SSN) and date of birth.

In Section 1B

- Provide a mailing and physical address for the dealership in Section 1b.

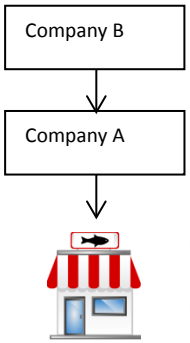
APPLICATION SECTION 2 – Permits Requested.

Indicate the fishery and transaction type of the permits requested.

APPLICATION SECTION 3 – Receiving Facilities.

Provide information for each physical address where fish are received. The "physical facility" must be the dealer's brick and mortar facility. If the facility listed is a marina, boat ramp, dock, or other location where the boat unloads, than the dealer must *own or leases* the marina, boat ramp, dock, or other place. Public docks and boat ramps may not be considered a dealer facility.

Include a copy of the state wholesale license from each state in which the dealer has a facility.



APPLICATION SECTION 4 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of the dealership.

For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the dealer.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html
-

Example: If the dealer, as identified by the state wholesale license(s), is owned by Company A, provide information about Company A in Section 4. If Company B owns Company A, also provide information about Company B in section 4.

APPLICATION SECTION 5 – Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of the dealership, as listed in section 1 and 4. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- **Minor shareholders:** Complete Section 5b if a business listed in Section 1, or 4 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%. This section is left blank for most applicants.

Example: If the dealership is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 5 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 6 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 7 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 7. If the dealership is a business, the signee must be an officer or owner of the dealership business.

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

Public reporting burden for this collection of information is estimated to average 30 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

OMB Control No. 0648-0205; Expiration date: 04/30/2017

FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Check or Money Order Number and Amount	
SERO Dealer Number	
Non Compliance Hold Date	
Non Compliance Cleared Date	
Expiration Date	

SCAN DATE AND INITIALS	

Include a copy of the State Wholesale/Dealer license for each state where product will be first received from the commercial fisherman/vessel. The name shown on your State Wholesale License(s) and your Federal Dealer permit must match in ownership. Please provide the name below as it appears on the State Wholesale License. The date formed refers to the date in which the corporation or business was formed (the date the business was filed for with the Secretary of State in the state where the business was formed). The FEIN is the number that was provided to you by the IRS (if applicable).

SECTION 1 - DEALER INFORMATION (PERMIT HOLDER)

Provide the name below as it appears on the state wholesale or dealer license.

1a. Dealer's Name as it appears on the State Wholesale License

Do you use a DBA name? ☐ Yes ☐ No

If yes, What is the DBA name?

Area Code **Phone Number** **E-Mail Address (REQUIRED)**

If the dealer is a Business:

Dealer is (check one): ☐ S Corporation ☐ Cooperative ☐ Other _____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ YES ☐ NO

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)**

If the dealer is an Individual:

Is this individual a United States Citizen or permanent resident alien? ☐ YES ☐ NO

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Tax ID Number (SSN) **Date of Birth (MM/DD/YYYY)**

1.b. REQUIRED—Address Information for either Business Or Individual Dealer:

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

D2017.4P - Form Revision 03/21/2017

SECTION 2 - PERMITS

Indicate which permit(s) you are applying for by checking the box adjacent to the corresponding fishery. Also indicate if this is a new or renewal of a permit.

	NEW	RENEW
Gulf of Mexico and South Atlantic Dealer (GSAD)	☐	☐
Domestic Atlantic Swordfish (SD) (Includes the Gulf of Mexico and the U.S. Caribbean)	☐	☐
Atlantic Shark (SK) (Includes the Gulf of Mexico and U.S. Caribbean)	☐	☐

FEE SCHEDULE

1 Permit = $50.00

2 Permits = $62.50

3 permits = $75.00

Applicants for an Atlantic Shark Dealer permit must provide a copy of the unexpired Shark Identification Workshop Certificate for each facility listed below OR have a copy of the unexpired certificate on file with the permits office at the time of application.

SECTION 3 - RECEIVING FACILITIES

List the names and physical addresses for facilities where product is received (fish is off loaded from the fishing vessels). Please copy this page as needed to provide information on all facilities where fish are received. If you receive product in different states, you must provide a copy of your valid State Wholesale License for each state.

☐ **Check here if a location where you receive product from fishermen is the same as the physical address from section 1 or for sole proprietor's in section 2. If checked, you do not need to re-list that location here.**

1. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

2. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

3. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

4. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

5. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

6. Facility Name | **Area Code** | **Phone Number**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

SECTION 4 - BUSINESSES THAT OWN THE DEALER

Complete this section for each business that owns 1% or more of the dealer shown in section 1. Copy this section as needed.

Section 4a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS (Cont.)

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer). Copy this section as needed to provide information about ALL officers and shareholders.

Section 5b: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 5b: Minor Shareholders: Complete this section by providing information on all individual officers and owners that own less than 1% of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer).

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 6 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

(All Applicants must complete this section)

⇨ For vessels that are leased, complete this section for business(es)/organization(s)/sole proprietorship(s) that lease the vessel .

⇨ For vessels that are not leased, complete this section for the business(es)/organization(s)/ sole proprietorship(s) that own the vessel (i.e. the business(es)/organization(s) that appear on the vessel's USCG documentation or state registration).

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1 Is the business primarily involved in harvesting seafood (commercial Fishing)?

Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.

No ↓

2 Is the business primarily involved in For-hire fishing services (charter, party/headboat)?

Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.

No ↓

3 Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?

Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year _____ You are done.

No ↓

4 Is the business primarily involved in processing seafood (seafood processor)?

Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year _____ You are done.

No ↓

5 Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?

Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.

No ↓

6 Is the organization some other Non-Profit Organization (e.g. business association)?

Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.

No ↓

7 Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: _____ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business.

Large Business ☐ Small Business ☐ Year _____ You are done

SECTION 7 - SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the business as listed in Section 4.

Applicant Signature

Date

Printed Name

Position In Company (if applicable)

Payment Reminder:

All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee required is $50.00 for the first permit and $12.50 for each additional permit requested with this application.

Instructions for the Application for Duplicate Federal Fishery Permits, Operator Card, or Decal.

Rev 04/06/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

General Instructions:

Requests for duplicate permits may be provided to the SERO Permit Office with this form, or by a letter or other format written notification. This application form is provided as a convenience. Other written notification, as long as it includes all necessary information to identify the permits, decals, or operator card requested, will also be accepted.

The SERO Permits office cannot approve requests for duplicate permits over the phone.

What Sections do I complete?

Complete all applicable sections of this application form. Specifically,

- If the request is for duplicate Vessel permits complete Section 1, Section 4, and Section 6.
- If the request is for duplicate Dealer permits complete Section 3, Section 4, and Section 6.
- If the request is for a duplicate Operator Card complete Section 2, Section 4, and Section 5.
- If the request is for duplicate Decal(s) complete Section 1, Section 4, and Section 5.
- If the request is for duplicate Sea Bass Pots or Golden Crab Trap Tags, Complete Section 1, Section 4, and Section 7

What if I don't use this form?

Requests for duplicates may also be provided by other written documentation. If providing other documentation, be sure it is clear what permits, tags, cards, or decals are being requested; and ensure the request is signed by somebody authorized to request the duplicate (i.e. the Permit Holder of a vessel or dealer permit, or an officer or owner of a business that holds a vessel or dealer permit, or the operator of an operator card.)

What is the fee?

There is an $18 fee to replace one or more decals, one or more permits, or an operator card. Please remit payment as a check or money order made payable to the U.S. Treasury.

The fee for replacement of a Sea Bass Pots or Golden Crab Trap Tags is $1.80 *per tag*. Please remit payment as a check or money order made payable to Floy Tag, Inc.

Where do I send requests for duplicate Federal Fishery Permits, Operator Card, or Decals?

Mail the duplicate requests to:

NMFS Permit Office (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701

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

Public reporting burden for this collection of information is estimated to average 5 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

OMB Control Number 0648-0205; Expiration date 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov

APPLICATION FOR DUPLICATE FEDERAL FISHERY PERMITS, OPERATOR CARD OR DECAL

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Expiration Date	
Check or Money Order Number	
SCAN DATE AND INITIALS	

INSTRUCTIONS: *Vessel Permits* - fill in Sections 1 and 2 . Give your USCG documentation number (or state registration number if not documented) and vessel name. *Dealer Permits* - fill in Sections 2 and 3. Give your dealer name and NMFS dealer number. *Decal or Operator Cards* - fill out Sections 1 and 2. All applicants MUST provide a signature in Section 4. For duplicate decals or operator cards, mark your choice in Section 5. For duplicate permits, mark your choice in Section 6. Payment must be made by check or money order payable to the U.S. Treasury and is Non-Refundable. All duplicates issued will have the same expiration date as the original permits.

SECTION 1 - VESSEL PERMITS OR DECALS - THE VESSEL YOU HAVE PERMITS ON

USCG Document Number or State Registration Number | **Vessel Name**

SECTION 2 - PERMIT OR OPERATOR CARD HOLDER INFORMATION

Mr/Mrs/Ms | **Last Name or Business Name** | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

Area Code | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the street address is the same as the mailing address.**

Street Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

SECTION 3 - DEALER PERMITS

Dealer Name | **NMFS Dealer Number**

SECTION 4 - SIGNATURE - REQUIRED

Applicant Signature | Date

Print Name | Position in Business

SECTION 5 - NON-PERMIT DUPLICATE REQUESTS

Fees for decal and/or Operator Cards duplicates are separate from duplicate permits fees.

☐ Replace Gulf of Mexico Charter/Headboat Decals - $18

☐ Replace Operator Card (we will use the photo we have on file for you.) - $18

SELECT THE DUPLICATE PERMIT(S) YOU WANT ON THE REVERSE SIDE

DUP2017.3P Form Revision: 04/06/2017

SECTION 6 - PERMIT DUPLICATE REQUESTS

Replacement permits are $18 total regardless of the number of permits.

OPEN ACCESS COMMERCIAL FISHING PERMITS

- ☐ Atlantic Dolphin/Wahoo (ADW)
- ☐ Spanish Mackerel (SM)
- ☐ Gulf Royal Red Shrimp (GRRS)
- ☐ Spiny Lobster (LC)
- ☐ Rock Shrimp (Carolinas Zone) (RSCZ)
- ☐ HMS Commercial Caribbean Small Boat Permit (CCSB)
- ☐ Spiny Lobster Tailing (LT)
- ☐ South Atlantic Penaeid Shrimp (SPA)
- ☐ Smooth Hound (SHS)
- ☐ Aquacultured Live Rock (AQU)

OPEN ACCESS CHARTER/HEADBOAT PERMITS

- ☐ South Atlantic Charter/Headboat for Snapper-Grouper (SC)
- ☐ South Atlantic Charter/Headboat for Coastal Migratory Pelagics (CHS)
- ☐ Atlantic Charter/Headboat for Dolphin/Wahoo (CDW)

LIMITED ACCESS COMMERCIAL FISHING PERMITS

- ☐ King Mackerel (KM)
- ☐ Gillnet for King Mackerel (GN)
- ☐ Gulf of Mexico Shrimp (SPGM)
- ☐ Gulf of Mexico Reef Fish (RR)
- ☐ Gulf of Mexico Reef Fish Bottom Longline Endorsement (RRLE)
- ☐ South Atlantic Rock Shrimp (RSLA)
- ☐ Golden Crab (GC)
- ☐ South Atlantic Unlimited Snapper-Grouper (Excluding Wreckfish) (SG1)
- ☐ South Atlantic 225lb Trip Limit Snapper-Grouper (Excluding Wreckfish) (SG2)
- ☐ Sea Bass Pot Endorsement (SBPE)
- ☐ South Atlantic Golden Tilefish Endorsement (GTFE)
- ☐ Wreckfish (WRK)
- ☐ Swordfish Directed (SFD)
- ☐ Swordfish Handgear (SFH)
- ☐ Swordfish Incidental (SFI)
- ☐ Shark Directed (SKD)
- ☐ Shark Incidental (SKI)
- ☐ Atlantic Tune Longline (ATL)
- ☐ Colombian Treaty Waters (CTW)

LIMITED ACCESS CHARTER FISHING PERMITS

- ☐ Gulf of Mexico Charter/Headboat for Coastal Migratory Pelagics (CHG)
- ☐ Gulf of Mexico Charter/Headboat for Reef Fish (RCG)
- ☐ Historical Captain Gulf Charter/ Headboat for Reef Fish (HCRG)
- ☐ Historical Captain Gulf Charter/Headboat for Coastal Migratory Pelagic Fish (HCHG)

DEALER PERMITS

- ☐ Atlantic Shark (SK)
- ☐ Domestic Swordfish (SD)
- ☐ Gulf of Mexico and South Atlantic Dealer (GSAD)

SECTION 7 - ADD OR REPLACE LOST SEA BASS POT OR GOLDEN CRAB TRAP TAGS

Tag cost is $1.80 per tag with check or money order made payable to Floy Tag, Inc.

For Sea Bass Pots, identification tags may be ordered from Floy Tag, Inc through the NMFS Southeast Regional Office. For Golden Crab Traps, an identification tag may, but is not required to, be ordered from Floy Tag, Inc through the NMFS Southeast Regional Office. Tags for Golden Crab traps may be obtained from a different source through your efforts and expense.

How many pots/traps you wish to add? ☐ What number does the first additional tag need to be? ☐

To replace lost tags - how many tags do you want? You are allowed a MAXIMUM of 35 Sea Bass Pots. ☐

List the tag numbers to replace: ☐

What color are your buoys for Sea Bass Pots or Golden Crab Traps? ☐

Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)

UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
NATIONAL MARINE FISHERIES SERVICE

Southeast Fisheries Science Center
Galveston Laboratory
4700 Avenue U
Galveston, TX 77551

January 20, 2017

F/SEC4:RS:JN:rs

Dear Permit Holder:

Pursuant to the requirements of 50 CFR 622.5(a)(1)(iii)(C) and (D), owners of a vessel for which a federal commercial vessel permit for Gulf of Mexico shrimp has been issued, must annually report the permitted vessel's gear characterization and total annual landings and value of shrimp, by species.

Through this form, NMFS is collecting information from all federally permitted shrimp vessel owners/operators on fishing vessel and gear characteristics in the Gulf of Mexico Exclusive Economic Zone (EEZ) shrimp fishery. The data collected are currently being analyzed by NMFS economists, gear specialists, and fishery biologists to improve fishery management decision-making in this fishery. This information is vital in assessing the economic, social, and environmental effects of fishery management decisions and regulations on individual shrimp fishing enterprises, fishing communities, and the nation as a whole.

Enclosed are a postage paid business reply return envelope for your convenience and two form packets: the "Gulf of Mexico Shrimp Federal Permit Reporting Form" for total landings for fishing year 2016; and the "Gulf Shrimp Vessel & Gear Characterization Form" for gear information for fishing year 2016. It is required that both forms be returned to the Galveston Laboratory in order to be eligible to renew your Federal Permit for vessels fishing in the Exclusive Economic Zone (EEZ). Incomplete or illegible forms will be returned.

Please use the enclosed postage paid envelope and DO NOT affix any additional postage, signature or delivery confirmation, upon this envelope as the US Postal Service will deem the envelope undeliverable and your forms will not be received. If you wish to use any additional US Postal Service delivery confirmation options, please use your own envelope and postage.

If you have questions about filling out or mailing any of these forms, please contact the National Marine Fisheries Service, Southeast Fisheries Science Center, Galveston Laboratory, Attn: Rebecca Smith at (409) 766-3783 or rebecca.smith@noaa.gov.

Sincerely,

James Nance, Ph.D.
Director

Enclosures

OMB Control No. 0648-0205, Expires 4/30/2017

U.S. DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
National Marine Fisheries Service
Southeast Fisheries Science Center
4700 Avenue U
Galveston, TX 77551

2016

GULF SHRIMP LANDINGS REPORT

INSTRUCTIONS

Please Note: It is **REQUIRED** that the following form be returned in order to be eligible to renew your **FEDERAL PERMIT FOR HARVESTING SHRIMP IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)** of the Gulf of Mexico.

1 Attached is the *Gulf of Mexico Shrimp Federal Permit Reporting Form*. The owner of the federal permit listed is required to report all calendar year 2016 Gulf shrimp landings by the permitted vessel.

2 Please check that the owner and vessel information at the top of the page is correct. If not, please clearly print the correct information in the white space.

3 If the vessel associated with this permit did not land ANY Gulf shrimp in 2016, please check the "Not Shrimping" box, skip the table and sign the form.

4 If the vessel landed ANY Gulf shrimp in 2016, please fill in the table. For each species listed, enter the landings either as:

- **a.** pounds by condition of head off and/or head on OR
- **b.** pounds and/or number of individual bait shrimp AND
- **c.** total ex-vessel value of that species.

Count ALL shrimp landed at ports on the Gulf of Mexico (Texas, Louisiana, Mississippi, Alabama, west coast of Florida including Keys) regardless of where they were caught (including from bays, bayous, State inshore and offshore waters, or Federal waters (EEZ)).

Missing entries in the table will be interpreted as ZERO landings or value in that category in 2016.

5 Sign the Form.

Mail the completed form in the enclosed postage paid Business Reply Envelope *to the following address: NOAA Fisheries Galveston Laboratory, Attention: Rebecca Smith, 4700 Avenue U, Galveston, TX 77551. If you have a question regarding the form, please call (409) 766-3783 between 9 am - 5:30 pm CST.*
[Please DO NOT add any additional postage, certified mail, return receipt request, etc. to the Business Reply Envelope because the US Postal Service will not deliver it to us.]

Incomplete or illegible forms will be returned.

If you have a question regarding the form, please call (409) 766-3783 between 9am - 5:30pm CST.

OMB Control No. 0648-0205, Expires 4/30/2017

2016 Gulf Shrimp Landings Report

Gulf of Mexico Shrimp Federal Permit Reporting Form

Permit #:
Permit Holder Name: Vessel Name:
State Registration #: USCG Vessel ID:

Please provide any missing or incorrect information in the above heading.

For the vessel listed above, please report the **total shrimp landings in 2016 landed** in ports on the Gulf of Mexico, **regardless where the shrimp were caught** (including from bays, bayous, State inshore and offshore waters, or Federal waters). In the table below, please provide landings by shrimp species and the ex-vessel value of shrimp by species.

☐ **Not Shrimping:** Check box, if the vessel associated with permit **DID NOT land ANY shrimp** in the Gulf of Mexico in 2016.

Shrimp Species	Head OFF Pounds	Head ON Pounds	Bait by Individual	Bait By Pounds	Total Value ($)
Brown	_____	_____	_____	_____	_____
Pink	_____	_____	_____	_____	_____
White	_____	_____	_____	_____	_____
Rock	_____	_____	_____	_____	_____
Seabob	_____	_____	_____	_____	_____
Royal Red	_____	_____	_____	_____	_____
Other Shrimp	_____	_____	_____	_____	_____

Authorized Signature: _____

Public reporting burden for this collection of information is estimated to average 5 minutes per response including the time for reviewing the instructions, searching the 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 aspects of this burden to Rick Hart, National Marine Fisheries Service, 4700 Ave U, Galveston, Texas 77551. This reporting is required under and is authorized under 50 CFR 622.5(a)(1)(iii). Information submitted will be treated as confidential in accordance with NOAA Administrative Orders. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number. The NMFS requires this information for the conservation and management of marine fishery resources.

KNOWINGLY SUPPLYING FALSE INFORMATION IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT. All data submitted will be handled as confidential material in accordance with **NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics**.

Instructions for the Federal Permit Application for Southeast Region Issued Operator Card

Rev 03/22/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp permits are not valid when underway for fishing in the Atlantic EEZ unless the operator or a crewmember on board the vessel holds a valid Operator Card.

What Sections do I complete?

All applicants must fill out Section 1, and Section 2. All fields should be typed or printed in ink.

What is the fee?

The application fee is **$50** and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application. There is an $18 fee to replace a lost Operator Card.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to:

NMFS Permits Office (F/SER14)
263 13th Avenue South,
St. Petersburg, FL 33701

To receive an operator card via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite application processing; it only expedites delivery of your completed operator card package.

What supporting documentation do I need?

✓ **Photograph:** Provide two (2) passport style photographs of the applicant. The photographs must be:

- In color.
- Printed on photo quality paper.
- 2 x 2 inches (51 x 51 mm) in size.
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- Taken within the last 6 months to reflect your current appearance

✓ **Payment:** Include a signed check or money order for $50 made out to the US Treasury.

APPLICATION SECTION 1 –OPERATOR INFORMATION.

- Provide the operator's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain an Operator Card.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- Provide the applicant's place of birth.
- Provide the applicant's current height, weight, eye color, and hair color.

APPLICATION SECTION 2 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 2.

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

Public reporting burden for this collection of information is estimated to average 30 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

OMB Control Number 0648-0205; Expiration Date 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

FEDERAL APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Expiration Date	
Check or Money Order Number and Amount	
SCAN DATE AND INITIALS	

SECTION 1 - OPERATOR CARD HOLDER PERSONAL INFORMATION

Are you a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

Birth Place (City, State, Country)

If you are clean shaven or balding, indicate your actual hair color.

Current Weight (lbs) | **Current Height (ft & in)**

Eye Color

☐ Brown ☐ Green
☐ Blue ☐ Hazel
☐ Grey ☐ Other _____

Hair Color

☐ Brown ☐ Blonde
☐ Black ☐ Red
☐ Grey ☐ Other _____
☐ White

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email | Cell Phone number and provider:

SECTION 2 - SIGNATURE - REQUIRED

Applicant Signature | **Print Name** | **Date**

OMB Control No. 0648-0205 Expiration Date: 04/30/2017

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

APPLICATION TO CONSOLIDATE GULF OF MEXICO REEF FISH PERMITS

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date

SCAN DATE AND INITIALS

To consolidate two Gulf of Mexico Reef Fish Permits into one:
1) Enter the permit number of the permit you will retain as Permit 1, e.g. RR-311.
2) Enter the permit number of the permit you will not retain as Permit 2., e.g. RR-420.
3) Sign the form. Note: The owner(s) of both permits must be exactly the same, and all owners must sign this form.
4) Mail or deliver the signed form AND the original permits to be consolidated to the NMFS Permit Office.

To consolidate more than one Gulf of Mexico Reef Fish Permit - complete, sign, and submit this form for each individual permit to be consolidated.

SECTION 1 - PERMIT DESIGNATION

Permit 1 - the permit you want to keep

Permit 2 - the permit you want to consolidate

SECTION 2 - SIGNATURE - REQUIRED

The undersigned hereby acknowledges that by consolidating Permit 2 into Permit 1, all landings associated with Permit 2 will be associated with Permit 1 from this point forward. This action cannot be undone - Permit 2 may never be restored.

The undersigned also certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857).

If the permit holder is a company, an officer or share holder authorized to represent the permit holder, he/she must sign the form, and indicate their position in the company.

Applicant Signature(s)

Date

Print Name

Position(s) in Company

Public reporting burden for this collection of information is estimated to average 5 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/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management ofmarine 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 retaina fisheries permit under the Magnuson - Stevens Act. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "forhire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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 ofinformation displays a currently valid OMB Control Number..

Instructions for the Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone (EEZ)

Rev 04/04/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ✓ *All applicants* must fill out Section 1, and Section 2 and/or Section 3.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 4.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 5.
- ☐ If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 6.
- ☐ If the vessel is owned by a business which is owned by another business, in addition to completing Section 5, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that own the vessel.
- ☐ If the vessel is leased by a business which is owned by another business, in addition to completing Section 6, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that lease the vessel.
- ☐ If the vessel is owned or leased by a business, in addition to completing Section 5 and/or 6, complete Section 8. In Section 8, provide information about all individuals that are owners or officers of businesses listed in Section 5, Section 6, and/or Section 7.
- ☐ Complete Section 9 if the any owners of the businesses listed in Section 5, Section 6, or Section 7 hold an ownership percentage less than 1%. This is not common.
- ☐ Applicants of Historical Captain Endorsements for Gulf of Mexico Charter/Headboat permits, or designated operator (income qualifier) for Commercial Spiny Lobster Permits, complete section 10
- ☐ Applicants requesting a Sea Bass Pot endorsement or Golden Crab permit fill out Section 11.
- ✓ *All applicants* must fill out Section 12, *and* Section 13.

See pages 3-6 for information about specific sections of this application.

What is the fee?

The application fee is **$25 for one fishery and $10 for each additional fishery**, as described in the table below. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

For Gulf of Mexico Charter/Headboat permits only, there is an additional, non-refundable **$10 fee for each decal.** The fee to replace one or more permits issued to a vessel is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Permits

1 = $25 2 = $35 3 = $45 4 = $55 5 = $65 6 = $75 7 = $85 8 = $95 9 = $105 10 = $115 11 = $125

Gulf of Mexico Charter/headboat Decals

1 = $10 2 = $20

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries**

Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701. To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Send Coastal and Pelagic logbook report(s) to National Marine Fisheries Service, **Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9915**. Please direct questions concerning reporting Coastal and Pelagic reporting requirements to the Southeast Research Management Division at **(305) 361-4581**. You can also check the status for these logbooks online at https://grunt.sefsc.noaa.gov/vrsr/VesselReportingStatus.jsp.
- Send Gulf of Mexico Shrimp Landing Reports and Gulf Shrimp Vessel & Gear Characterization forms to Rebecca Smith, NMFS Galveston Laboratory, 4700 Avenue U, Galveston, TX 7755; also, Gulf Shrimp applicants need to ensure compliance with the cELB program. See www.galvestonlab.sefsc.noaa.gov/ELB/FAQ/elbresponsibilities.html for details. For information about all Gulf of Mexico Shrimp data collection programs contact Rebecca Smith at the NMFS Galveston Laboratory (409)-766-3783.
- Vessels selected for the For Hire headboat survey should contact Mr. Ken Brennan of the NMFS Southeast Fisheries Science Center at (252) 728-8618 for information about required reports.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☐ **Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.

☐ **Original Permits**: When transferring limited entry permits from one vessel to another, or from one owner or lessee to another owner or lessee, include the original permits being transferred.

- Except when transferring a permit to the same vessel owner(s) and lessee(s) (as applicable), the permit holder listed on the face of the permit must sign the back of the permit as the seller. If the permit holder is a business or organization, an officer or owner of the permit holder must sign the back of the permit as the seller. The seller's signature must be notarized.
- When transferring a Gulf of Mexico Charter/headboat permit, even to the same vessel owner(s) /lesee(s), the transferor must sign the back to affirm removal of the charter/headboat decal.
- If the transfer is not for a Gulf of Mexico Charter/ headboat permit, and the vessel owner(s)/lessee(s) will remain the same, the permit does not need to be signed.

☐ **Highly Migratory Species (HMS) Workshop Certificate**:

- To renew a Shark or Swordfish Directed or Incidental permit, include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Owner's Certificate issued to the vessel owner.
- To *transfer* Shark or Swordfish Directed or Incidental permits, include a copy of either a valid Owner *or* Operator's Protected Species Safe Handling, Release, and Identification Workshop Certificate issued to the vessel owner.

☐ **Florida Saltwater Products License:** To obtain a lobster tailing permit, if the vessel will not obtain or already possess a valid commercial spiny lobster permit, include a copy of a Florida Saltwater Products License with crawfish endorsement issued to the vessel or to the applicant.

☐ **Miscellaneous or uncommon documents**: To transfer a Snapper Grouper Unlimited permit to an immediate family member, documentation proving the familial relationship will be required. To transfer a permit pursuant to will/probate of a deceased permit holder, copies of the will and court order will be required. For these sorts of unusual transfer transactions, we recommend you contact the Permits Office toll free at (877) 376-4877 to discuss the details of your particular situations.

A few words about transfers and renewals…

- Any change to the identity of the entities that own or lease the vessel, or to the vessel to which permits are issued, means the permit cannot be *renewed*. If the permit is a limited entry permit, it may be *transferred* to the new vessel or vessel owner(s) and lessee(s). If the permit is open access, a *new* permit may be obtained.
- Various restrictions apply to the renewal or transfer of limited entry permits and endorsements. Consult the applicable US Code of Federal Regulations, available online at sero.nmfs.noaa.gov/sustainable_fisheries/policy_branch/
- A vessel owner with moratorium Gulf of Mexico Coastal Migratory Pelagic Charter/Headboat and/or a Reef Fish Charter/Headboat permit(s) that transfers the permit(s) to another vessel owner or to another vessel, must remove the Federal Charter/Headboat decal from the vessel.
- With the exception of Sea Bass Pot endorsements and Golden Tilefish endorsements, NMFS cannot transfer expired permits/endorsements to a new permit holder. For all other limited entry permits, an applicant may transfer a permit only when the seller(s) signature is notarized BEFORE the expiration date, and the applicant submits an application to transfer the permit before the permit terminates, which is the date one year following the expiration date of the permit (or 6 months following the expiration date of a Golden Crab permit) and as printed on the face of the permit. An applicant may transfer a Sea Bass Pot endorsement or Golden Tilefish endorsements only when the seller(s) signature is notarized and the application is submitted BEFORE the termination date of the endorsements.

APPLICATION SECTION 1 – VESSEL INFORMATION.

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 the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- For Highly Migratory Species (HMS) applicants only:
  - An International Maritime Organization (IMO) number is required for all vessels longer than 20 meters (65 feet 8 inches) applying for HMS commercial shark, swordfish or Atlantic Tuna longline permits.
  - If applying for a HMS commercial swordfish, shark, or Atlantic Tuna Longline permit without a vessel, write “NO VESSEL” in the field for USCG Official Number.
  - Shark and Swordfish directed and incidental permit applicants must indicate whether the vessel fishes with or carries on board longline and gillnet gear.
- For For-Hire vessel applicants only:
  - Indicate if the vessel is an uninspected vessel authorized to use a “6-pack” license, or a USCG inspected vessel, and if so, the passenger capacity of the vessel.

APPLICATION SECTIONS 2 AND 3 – Permits Requested.

Indicate the fishery and transaction type of the permits requested. For renewal and transfer requests of limited entry permits, indicate the permit number in the space provided.

Commercial Spiny Lobster Income Qualification: NMFS requires an Income Qualification Affidavit with each application for a Commercial Spiny Lobster permit, as proof of meeting permit income qualification requirement of the Commercial Spiny Lobster fishery. Additional income qualification documentation may be required upon request.

SPINY LOBSTER INCOME REQUIREMENTS	
Percentage of earned income	At least 10%
Source of earned income	Sale of catch
Time frame for qualification	Year prior to application

Additionally, Lobster *Tailing* applicants must either obtain a Commercial Spiny Lobster permit or provide a copy of a valid Florida Saltwater Product License with a crawfish endorsement, issued to the vessel or the applicant.

APPLICATION SECTION 4 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, complete Section 4 for all owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

APPLICATION SECTION 5 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 6 – LEASE Information

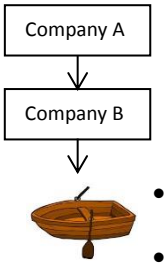
If the vessel is leased by one or more individuals, fill out section **6A.** Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **6B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 7 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 5a, 5b, or 6b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

APPLICATION SECTION 8 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 5a, 5b, 6b, or 7. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 9 – Minor shareholders

This section is left blank for most applicants. Complete Section 9 if a business listed in Section 5a, 5b, 6b, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

APPLICATION SECTION 10 -- Historical Captain or Designated Operator (Income Qualifer)

This section does not apply for most applications. Only complete this section for

1) Gulf of Mexico Charter/Headboat permits with a Historical Captain endorsement, or
2) Commercial Spiny Lobster permit for which the income qualification requirement has been met the fishing income of a Designated Operator. A Designated Operator is a vessel operator who is neither a vessel owner nor lessee listed in Section 4a, 4b, 6a, nor an officer of a business that owns or leases the vessel as listed in 7a.

- For each historical captain or designated operator, include the individual's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, and gender/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (as available).
- Note that Designated Operators must ALSO sign the application in Section 11.

APPLICATION SECTION 11 - Sea Bass pots or Golden Crab pots

Complete this section only if you fish with pots in the snapper-grouper fishery or traps in the golden crab fishery off the southern Atlantic states.

- The Sea Bass pot fishery requires tags be ordered through NMFS. Trap Tags for the golden crab fishery do not need to be ordered through NMFS.
- To order tags from Floy Tag Inc through NMFS, complete this section and include a separate check or money order for pot or trap tags ($1.80 per tag) payable to FLOY TAG INC. Floy Tag Inc. will ship all Floy Tag orders to you directly; NMFS will not send tags with the permit package.

APPLICATION SECTION 12 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

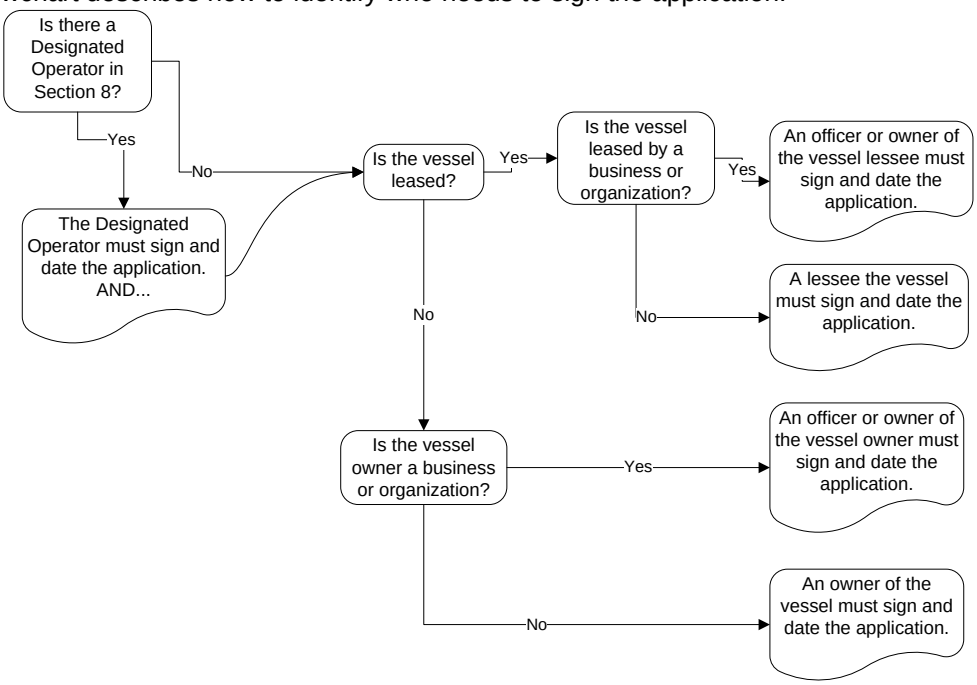
If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 13 – SIGNATURE FOR APPLICATION

If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.

If the vessel has a Designated Operator/Income Qualifier for Commercial Spiny Lobster permits, the Designated Operator must *also* sign and date the application.

The following flowchart describes how to identify who needs to sign the application.



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

Public reporting burden for this collection of information is estimated to average 50 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

OMB Control Number 0648-0205; Expiration Date 04/30/2017

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer Initials and date	
Application Check Or Money Order number and Amount	
Floy Tag Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration Date(s)	
SCAN DATE AND INITIALS	

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.

SECTION 1 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation (If the vessel is documented)

Year Built **Length (ft)** **Total Horsepower**

State Registration Number (as applicable)

Crew Size—Including the Captain, but not including passengers.

Vessel Name

HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?

Hull Identification Number (HIN)

Hailing Port City

Hailing Port County Or Parish **Hailing Port State**

USCG DOCUMENTED VESSELS ONLY

Gross Tons **Net Tons**

International Maritime Organization (IMO) Number
As applicable (see instructions)

Hull Material

- [ ] FIBERGLASS
- [ ] WOOD
- [ ] STEEL
- [ ] ALUMINUM
- [ ] OTHER (DESCRIBE)

Fuel Data

- [ ] DIESEL
- [ ] GASOLINE
- [ ] OTHER (DESCRIBE)

Fuel Capacity - Total Gallons

Product Storage (check all that apply)

- [ ] ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER, ETC
- [ ] FREEZER
- [ ] LIVE WELL

Passenger Capacity Data For Charter Vessels/Headboats Only

- [ ] UNINSPECTED VESSEL - "6-PACK"
- [ ] USCG INSPECTED VESSEL: Specify Passenger Capacity as listed on the USCG Certificate of Inspection, not including Capt. and Crew.

This vessel is used MOSTLY for (select only one)

- [ ] Commercial Fishing
- [ ] Charter
- [ ] Headboat

For Shark and Swordfish Directed and Incidental Permit Applicants Only: Does your vessel fish with, or carry onboard, either longline or gillnet gear?

[ ] Yes [ ] No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".

SECTION 2 - OPEN ACCESS PERMITS AND ENDORSEMENTS

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee is $25.00 for the first permit and $10.00 for each additional permit or endorsement requested on this application. A separate decal is now required for each Gulf of Mexico charter/headboat permit. The fee is $10 per decal per permit. The fee schedule is found with the Gulf of Mexico Charter/headboat permit requests on page 3.

FEE SCHEDULE FOR PERMITS AND ENDORSEMENTS:

Permit: 1: $25 2: $35 3: $45 4: $55 5: $65 6: $75 7: $85 8: $95 9: $105 10: $115 11: $125 12: $135

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

OPEN ACCESS COMMERCIAL PERMITS	NEW		RENEW	
ATLANTIC DOLPHIN/WAHOO (ADW)				
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)				
SPINY LOBSTER TAILING (LT) You must have an LC permit OR provide your FL SPL information below.				
SPANISH MACKEREL (SM)				
ROCK SHRIMP - CAROLINAS ZONE (RSCZ)				
SOUTH ATLANTIC PENAEID SHRIMP (SPA)				
GULF ROYAL RED SHRIMP ENDORSEMENT (GRRS) You must have a valid Gulf of Mexico Shrimp permit				
HMS COMMERCIAL CARIBBEAN SMALL BOAT PERMIT (CCSB) Valid only in U.S. Caribbean (Puerto Rico and USVI)				
SMOOTH HOUND SHARK (SHS)				

OPEN ACCESS CHARTER/HEADBOAT PERMITS	NEW		RENEW	
ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)				
ATLANTIC CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)				
SOUTH ATLANTIC CHARTER/HEADBOAT FOR SNAPPER-GROUPER (SC)				

SPINY LOBSTER INCOME QUALIFICATION AFFIDAVIT

An Income Qualification Affidavit is required with each application: "50CFR622.400 An applicant must provide the following information: (vi) A sworn statement by the applicant for a vessel permit certifying that at least 10 percent of his or her earned income was derived from commercial fishing, that is, sale of the catch, during the calendar year preceding the application. " 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. The affidavit below fulfills this requirement to obtain a Spiny Lobster Permit

The following information applies to my income qualification for the Spiny Lobster fishery:

I, _____ , hereby declare under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001; 16 USC 1857). I agree to provide the necessary documentation to prove that I met the earned income requirement when so requested by the National Marine Fisheries Service.

Executed on _____(date signed). Printed Name _____ Signature _____

Business Name (if Applicable) _____Type of business (if Applicable) _____

Position In Business (if Applicable) _____

FOR LOBSTER TAILING PERMIT APPLICANTS ONLY

LOBSTER TAILING APPLICANTS: To obtain a lobster tailing permit you must possess a Florida Saltwater Products License (SPL) with Restricted Species and Crawfish endorsements. If you do not have a Florida SPL with Restricted Species and Crawfish Endorsements, you must possess or simultaneously obtain a valid Federal Spiny Lobster (LC) permit.

You must provide a copy of your Florida SPL if you do not have a Federal Spiny Lobster (LC) permit

Saltwater Products License Number		Crawfish Endorsement Number	
Saltwater Products License Expiration Date			

SECTION 3 - LIMITED ACCESS/MORATORIUM PERMITS AND ENDORSEMENTS

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. Please refer to the fee schedule in section 2 of the application.,

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

LIMITED ACCESS COMMERCIAL PERMITS	PERMIT NUMBER	TRANSFER		RENEW		
KING MACKEREL (KM)						
GILLNET FOR KING MACKEREL (GN)						
GULF OF MEXICO SHRIMP (SPGM)						
GULF OF MEXICO COMMERCIAL REEF FISH (RR)						
EASTERN GULF OF MEXICO REEF FISH BOTTOM LONG LINE ENDORSEMENT (RRLE)						
ROCK SHRIMP (SOUTH ATLANTIC EEZ) (RSLA)						
SOUTH ATLANTIC GOLDEN CRAB (GC)						
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1)						
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2)						
SOUTH ATLANTIC SEA BASS POT ENDORSEMENT (SBPE)						
SOUTH ATLANTIC GOLDEN TILEFISH ENDORSEMENT (GTFE)						
SWORDFISH DIRECTED (SFD)						
SWORDFISH HANDGEAR (SFH)						
SWORDFISH INCIDENTAL (SFI)						
SHARK DIRECTED (SKD)						
SHARK INCIDENTAL (SKI)						
ATLANTIC TUNA LONGLINE (ATL) Must have either SFI or SKI and either SFD or SKD						

LIMITED ACCESS CHARTER/HEADBOAT PERMITS	PERMIT NUMBER	TRANSFER		RENEW		

Fee Schedule for Charter Decals: 1 Decal - $10 2 Decals - $20.

Note: Decal fees are in addition to normal permit fees. See fee Schedule at the top of section 2.

GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)						
GULF CHARTER/HEADBOAT FOR REEF FISH (RCG)						
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)						
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR REEF FISH (HRCG)						

SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Section 4a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. ***Select only ONE mailing recipient.***

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4b**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.*

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 5b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 6 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date: ☐ **Lease end date:** ☐

Section 6a: Individual or Joint Lessee: Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual is leasing the vessel from the vessel owner. Copy this page as needed to provide information on all lessees.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 6a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Business Lessee: Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and owner information for the business must be provided in section 7.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 6b**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and 6b. Copy this section as needed.

Section 7a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 8 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 5a, 5b, 6b, and 7. Copy this section as needed.

Section 8a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 8b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO Vice President Secretary Treasurer Director/ Manager Shareholder Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** **YES** **NO**

What this individual's Sex? Male Female **Is this Individual of Hispanic, Latino, or Spanish origin?** Yes No

What is this individual's race? White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Black or African American Asian American Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 9 - OWNER INFORMATION FOR UNNAMED MINOR SHAREHOLDERS OF BUSINESSES

☐ MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 10 - HISTORICAL CAPTAIN OR DESIGNATED OPERATOR (INCOME QUALIFIER)

This individual is a (check Historical Captain OR Designated Operator):

☐ Historical Captain for Gulf of Mexico Charter/Headboat permits

☐ Designated Operator (Income Qualifier who is not the Permit Holder) for Commercial Spiny Lobster

A Historical Captain MUST sign Section 9 as the applicant.

A Designated Operator MUST sign Section 9 as the operator along with the applicant.

NOTE: All mail about historical Captain Permits will go to the individual listed as the Historical Captain.

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female **Is this Individual of Hispanic, Latino, or Spanish origin?** ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name	**First Name**	**Middle Name**	**Suffix - Jr, Sr, etc.**

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

Mailing Address	**Apt #**	**City**	**State**	**County/Parish**	**Zip Code**	**Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable)	**Apt #**	**City**	**State**	**County/Parish**	**Zip Code**	**Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email _____ Cell Phone number and provider: _____

SECTION 11 - SEA BASS POTS OR GOLDEN CRAB TRAPS

COMPLETE THIS SECTION ONLY IF YOU HAVE SEA BASS POTS OR IF YOU HAVE GOLDEN CRAB TRAPS.

Tag cost is $1.80 per tag made payable by check or money order to Floy Tag, Inc.

I need tags for: ☐ Sea Bass Pots ☐ Golden Crab Traps

What color are your Buoys for Sea Bass Pots or Golden Crab Traps? _____

South Atlantic Sea Bass Pot/Golden Crab Trap Information - You are allowed a MAXIMUM of 35 Sea Bass Pots

Number of Pots/Traps	Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)

SECTION 12 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

(All Applicants must complete this section)

- For vessels that are leased, complete this section for business(es)/organization(s)/sole proprietorship(s) that lease the vessel .
- For vessels that are not leased, complete this section for the business(es)/organization(s)/ sole proprietorship(s) that own the vessel (i.e. the business(es)/organization(s) that appear on the vessel's USCG documentation or state registration).

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1. Is the business primarily involved in harvesting seafood (commercial Fishing)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
2. Is the business primarily involved in For-hire fishing services (charter, party/headboat)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
3. Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?
   - Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
4. Is the business primarily involved in processing seafood (seafood processor)?
   - Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
5. Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?
   - Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
6. Is the organization some other Non-Profit Organization (e.g. business association)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year _____ You are done.
   - No ↓
7. Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: _____ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business.

   Large Business ☐ Small Business ☐ Year _____ You are done

SECTION 13 - SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 6a, or an officer or shareholder of the lessee as listed in Section 7b, with that individuals information listed in section 8. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 8.

Applicant Signature		Position in Business		Date	
Print Name		Designated Operator Signature		Date	

Instructions for the Federal Permit Application for Vessels Fishing for Wreckfish off the South Atlantic States

Rev 04/04/2017

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, or visit the SERO Permits website at ***sero.nmfs.noaa.gov/permits*.**

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

Who can obtain a wreckfish permit?

To obtain a commercial vessel permit for wreckfish:

- The applicant must be a wreckfish shareholder; and either the shareholder must be the vessel owner or the owner or operator must be an employee, contractor, or agent of the shareholder.
- A commercial permit for South Atlantic snapper-grouper must have been issued to the vessel.

For more information about the wreckfish ITQ program, contact the Sustainable Fisheries Division LAPP/DM Branch at (727) 824-5305.

What sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ☑ *All applicants* must fill out Section 1 and Section 2.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- ☐ If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- ☐ If a vessel is owned or leased by a business which is owned by another business, or if the wreckfish shareholder is a business which is owned by another business, provide information about all businesses' parent companies in Section 6.
- ☐ If a vessel is owned or leased by a business or the wreckfish shareholder is a business, in addition to completing Section 2b, 4 and/or 5b, complete Section 7 to provide information about all individuals that are owners or officers of the businesses, or parent companies to businesses, that own or lease the vessel or are the wreckfish s
- ☑ *All applicants* must fill out Section 8 *and* Section 9.

See pages 3-6 for information about specific sections of this application.

What is the fee?

The application fee is **$50.** This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

The fee to replace one or more permits issued to a vessel is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Send Coastal and Pelagic logbook report(s) to National Marine Fisheries Service, **Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9915**. Please direct questions concerning reporting Coastal and Pelagic reporting requirements to the Southeast Research Management Division at **(305) 361-4581**. You can also check the status for these logbooks online at https://grunt.sefsc.noaa.gov/vrsr/VesselReportingStatus.jsp.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☐ **Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.

☐ **Miscellaneous or uncommon documents**: To transfer a Snapper Grouper Unlimited permit to an immediate family member, documentation proving the familial relationship will be required. To transfer a permit pursuant to will/probate of a deceased permit holder, copies of the will and court order will be required. For these sorts of unusual transfer transactions, we recommend you contact the Permits Office toll free at (877) 376-4877 to discuss the details of your particular situations.

A few words about renewals…

- Any change to the identity of the entities that own or lease the vessel are the wreckfish shareholders, or a change to the vessel to which the permits will be issued, means that the wreckfish permit cannot be *renewed*. In those instances, a *new* wreckfish permit may be obtained.

APPLICATION SECTION 1 – VESSEL INFORMATION.

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 the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- For Highly Migratory Species (HMS) applicants only:
  - An International Maritime Organization (IMO) number is required for all vessels longer than 20 meters (65 feet 8 inches) applying for HMS commercial shark, swordfish or Atlantic Tuna longline permits.
  - If applying for a HMS commercial swordfish, shark, or Atlantic Tuna Longline permit without a vessel, write "NO VESSEL" in the field for USCG Official Number.
  - Shark and Swordfish directed and incidental permit applicants must indicate whether the vessel fishes with or carries on board longline and gillnet gear.
- For For-Hire vessel applicants only:
  - Indicate if the vessel is an uninspected vessel authorized to use a "6-pack" license, or a USCG inspected vessel, and if so, the passenger capacity of the vessel.

SECTION 2 -- Wreckfish Shareholder Information

- Enter the Wreckfish Shareholder's Certificate Number in the field provided at the top of Section **2**.
- If the Wreckfish Shareholder is an individual, complete section **2a** to include the Wreckfish shareholder's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
    - Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- If the Wreckfish Shareholder is a business, complete section **2b** to include the Wreckfish shareholder's business name, tax ID number (FEIN), date the business was formed, physical and mailing address, and business type.
    - Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

APPLICATION SECTION 3 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, Complete **Section 3** for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy Section 3 as necessary to provide information for all individuals that own the vessel.

- For each owner, include the owner's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

APPLICATION SECTION 4 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section **4a** for a single business owner. Also fill out Section **4b** if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 5 – LEASE Information

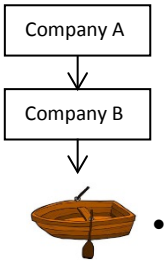
If the vessel is leased by one or more individuals, fill out section **5A.** Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and Wreckfish shareholders listed in section 2b, 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel or Wreckfish certificate.

- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

APPLICATION SECTION 8 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and wreckfish shareholders as listed in section 2b, 4a, 4b, 5b, and 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel and Wreckfish certificate.

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- Complete Section 7C if a business listed in Section 2b, 4a, 4b, 5b, and 6 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 9 – Small Business or Organization Certification

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

APPLICATION SECTION 10 – SIGNATURE FOR APPLICATION

The application must be signed and dated by the wreckfish shareholder. If the wreckfish shareholder is a business, an officer or owner of the business must sign and date the application.

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

Public reporting burden for this collection of information is estimated to average 55 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/SER26, 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.

U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
sero.nmfs.noaa.gov/permits

OMB Control Number 0648-0205; Expiration Date 04/30/2017

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and date	
Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration date	

SCAN DATE AND INITIALS	

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.

SECTION 1 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation (If the vessel is documented)

Year Built

Length (ft)

Total Horsepower

State Registration Number (as applicable)

Crew Size—Including the Captain, but not including passengers.

Vessel Name

HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?

Hull Identification Number (HIN)

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

Hull Material

- ☐ FIBERGLASS
- ☐ STEEL
- ☐ WOOD
- ☐ CEMENT
- ☐ OTHER (DESCRIBE)

Fuel Data

- ☐ DIESEL
- ☐ GASOLINE
- ☐ OTHER

Fuel Capacity - Total Gallons

Product Storage (check all that apply)

- ☐ ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER,
- ☐ FREEZER
- ☐ LIVE WELL

SECTION 2 - WRECKFISH SHAREHOLDER INFORMATION

Complete Section 2a on this page for an individual that is a Wreckfish Shareholder. Complete section 2b for a Business that is a Wreckfish Shareholder. ***Photocopy this page as needed to provide information on all shareholders. Select only ONE mailing recipient.***

Shareholder's Certificate Number:

Section 2a: Individual as a Shareholder.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 2b: Business as a Shareholder: Complete this section if a business is a wreckfish shareholder.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 3 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Section 3a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. ***Select only ONE mailing recipient.***

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3b**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 4a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.*

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date: ☐ **Lease end date:** ☐

Section 5a: Individual or Joint Lessee: Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual is leasing the vessel from the vessel owner. Copy this page as needed to provide information on all lessees.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 5a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 5b: Business Lessee: Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and owner information for the business must be provided in section 7.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5b**

Registered Name of Business

Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and 6b. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 2b, 4, 5b, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

☐ President/CEO ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Director/ Manager ☐ Shareholder ☐ Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female **Is this Individual of Hispanic, Latino, or Spanish origin?** ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

☐ President/CEO ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Director/ Manager ☐ Shareholder ☐ Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** ☐ **YES** ☐ **NO**

What this individual's Sex? ☐ Male ☐ Female **Is this Individual of Hispanic, Latino, or Spanish origin?** ☐ Yes ☐ No

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

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

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

(All Applicants must complete this section)

For vessels that are leased, complete this section for business(es)/organization(s)/sole proprietorship(s) that lease the vessel .
For vessels that are not leased, complete this section for the business(es)/organization(s)/ sole proprietorship(s) that own the vessel (i.e. the business(es)/organization(s) that appear on the vessel's USCG documentation or state registration).

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at mike.travis@noaa.gov or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below

START

1. Is the business primarily involved in harvesting seafood (commercial Fishing)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
2. Is the business primarily involved in For-hire fishing services (charter, party/headboat)?
   - Yes → Did the business have more than $11 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done
   - No ↓
3. Is the business primarily involved in Buying and selling seafood (seafood dealer/wholesaler)?
   - Yes → Did the business have more than 100 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
4. Is the business primarily involved in processing seafood (seafood processor)?
   - Yes → Did the business have more than 750 employees? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
5. Is the organization an Environmental Conservation and Wildlife, or Professional Non-Profit Organization?
   - Yes → Did the business have more than $15 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
6. Is the organization some other Non-Profit Organization (e.g. business association)?
   - Yes → Did the business have more than $7.5 million in annual gross receipts? ☐ Yes ☐ No Year ☐ You are done.
   - No ↓
7. Then the business must be primarily involved in another industry not related to fishing or seafood. → Refer to SBA's list if NAICS codes (See http://go.usa.gov/cs3jj) and enter your primary NAICS code here: ☐ → Based on the applicable SBA size standard, check the appropriate box to indicate if the business is a Large or Small business. Large ☐ Small ☐ Year ☐ You are done

SECTION 9 - SIGNATURE FOR APPLICATION - REQUIRED

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.

Applicant Signature		Position in Business		Date	
Print Name		Designated Operator Signature		Date	

October 17, 2016, by a revised version that we have deemed adequate and complete based on our implementing regulations at 50 CFR 216.104.

The requested regulations would establish a framework for authorization of incidental take by Level A and Level B harassment through Letters of Authorization (LOAs). Following development of the ITRs, implementation could occur via issuance of LOAs upon request from individual industry applicants planning specific geophysical survey activities.

Specified Activities

The application describes geophysical survey activity, conducted by industry operators in OCS waters of the GOM within BOEM's GOM planning areas (*i.e.,* the Western, Central, and Eastern Planning Areas). Geophysical surveys are conducted by industry operators to characterize the shallow and deep structure of the OCS, including the shelf, slope, and deepwater ocean environment, in order to obtain data for hydrocarbon exploration and production, aid in siting oil and gas structures and facilities, identify possible seafloor or shallow-depth geologic hazards, and locate potential archaeological resources and benthic habitats that should be avoided.

Deep penetration seismic surveys, used largely for oil and gas exploration and development and involving a vessel or vessels towing an airgun or array of airguns that emit acoustic energy pulses through the overlying water and into the seafloor, are one of the most extensive survey types and are expected to carry the greatest potential for effects to marine mammals. Non-airgun high resolution geophysical surveys are used to detect and monitor geohazards, archaeological resources, and certain types of benthic communities.

Information Solicited

Interested persons may submit information, suggestions, and comments concerning BOEM's request (see **ADDRESSES**). NMFS will consider all relevant information, suggestions, and comments related to the request during the development of proposed regulations governing the incidental taking of marine mammals, as appropriate.

Dated: December 14, 2016.

Donna S. Wieting,

Director, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 2016–30492 Filed 12–19–16; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Southeast Region Permit Family of Forms

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act (PRA) of 1995.

DATES: Written comments must be submitted on or before February 21, 2017.

ADDRESSES: Direct all written comments to Jennifer Jessup, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6616, 14th and Constitution Avenue NW., Washington, DC 20230 (or via the Internet at *JJessup@doc.gov*).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Adam Bailey, NMFS Southeast Regional Office (SERO), 263 13th Avenue South, St. Petersburg, FL 33701, phone: 727–824–5305, or email: *adam.bailey@noaa.gov.*

SUPPLEMENTARY INFORMATION:

I. Abstract

This request is for a renewal with revisions to the existing reporting requirements approved under the Office of Management and Budget's (OMB) Control Number 0648–0205, Southeast Region Permit Family of Forms. The SERO Permits Office administers Federal fishing permits in the United States (U.S.) exclusive economic zone (EEZ) of the Caribbean Sea, Gulf of Mexico (Gulf), and South Atlantic under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act), 16 U.S.C. 1801. The SERO Permits Office also proposes to revise parts of the current collection-of-information approved under OMB Control Number 0648–0205.

The National Marine Fisheries Service (NMFS) Southeast Region manages the U.S. Federal fisheries in the Caribbean, Gulf, and South Atlantic under the fishery management plans (FMPs) for each region. The regional fishery management councils prepared the FMPs pursuant to the Magnuson-Stevens Act. The regulations implementing the FMPs, including those that have reporting requirements, are at 50 CFR part 622.

The recordkeeping and reporting requirements at 50 CFR part 622 form the basis for this collection of information. The NMFS Southeast Region requests information from fishery participants. This information, upon receipt, results in an increasingly more efficient and accurate database for management and monitoring of the Federal fisheries in the Caribbean, Gulf, and South Atlantic.

The SERO Permits Office proposes to revise the collection-of-information approved under OMB Control Number 0648–0205. NMFS proposes to revise the Federal permit applications for Vessels Fishing in the EEZ (Vessel EEZ), Harvest of Aquacultured Live Rock in the EEZ, Vessels Fishing for Wreckfish in the South Atlantic States (Wreckfish), and the Annual Dealer permit.

The purpose of revising certain Southeast Region permit application forms is to better comply with National Standard 4 (NS4) of the Magnuson-Stevens Act, the Regulatory Flexibility Act (RFA) and the Small Business Administration's regulations implementing the RFA, Executive Order 12898, and the ''fairness and equitable distribution'' provisions of the Magnuson-Stevens Act, including NS4 and section 303(b)(6).

The SERO Permits Office also proposes to split the single application form, Federal Permit Application for the Harvest of Aquacultured Live Rock, into two application forms, Federal Permit Application for New Permit for the Harvest of Aquacultured Live Rock (Aquacultured Live Rock New Permit) and Federal Permit Application to Renew Permit for the Harvest of Aquacultured Live Rock (Aquacultured Live Rock Permit Renewal).

The Aquacultured Live Rock New Permit includes the collection of data previously collected via a separate form, Aquaculture Site Evaluation Report, among other revisions. The proposed revisions to establish the Aquacultured Live Rock New Permit application do not affect the time burden for applicants for new sites or new permit holders, but should clarify the application process for most applicants of new sites. The application form for the Aquacultured Live Rock Permit Renewal does not include the Aquaculture Site Evaluation Report; however, the Aquacultured Live

Rock Permit Renewal form does include other clarifying revisions. NMFS does not anticipate these revisions to both forms will materially change the time burden to the applicants.

The proposed revisions to the specified application forms are administrative and generally divide existing data fields into smaller parts to gather information that is more specific. NMFS intends the revisions to make the requested information clearer and easier to understand, and therefore, applications may require less time to complete in some cases. Additionally, NMFS removed some data fields that were collecting less meaningful data. NMFS estimates that the proposed revisions would not change the annual number of respondents or responses, or annual costs to affected permit applicants from estimates in the currently approved collection. Across the application forms, NMFS estimates these revisions would increase the overall time burden.

In addition to the proposed revisions above, NMFS also increases its estimated time burden for the Vessel Permit Transfers and Notarizations form and the Annual Landings Report for Gulf of Mexico Shrimp form to more accurately account for the time required to complete these forms.

II. Method of Collection

Respondents complete applications on paper forms, and then can either mail or bring applications to the SERO Permits Office. Online application renewals are currently available only for some of the permits included on the Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone. The SERO Permits Office can mail applications and instructions or they can be downloaded from the SERO Permits Office Web site at *sero.nmfs.noaa.gov/permits.*

III. Data

OMB Control Number: 0648–0205.

Form Number(s): None.

Type of Review: Regular submission (revision and extension of a current information collection).

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 13,909.

Estimated Time per Response:

- Dealer Permit Application, 30 minutes;
- Vessel EEZ Permit Application, including Golden Tilefish Endorsement and Smoothhound Shark Permit, 40 minutes;
- Wreckfish Permit Application, 40 minutes;
- Vessel Operator Card Application for Dolphin/Wahoo or Rock Shrimp, 21 minutes;
- Fishing in Colombian Treaty Waters Vessel Permit Application, 30 minutes;
- Golden Crab Permittee Zone Transit Notification, 12 minutes;
- Notifications of Authorization for Retrieval of Lost or Stolen Traps (golden crab, reef fish, snapper-grouper, spiny lobster), 13 minutes;
- Vessel Permit Transfers and Notarizations, 10 minutes;
- Annual Landings Report for Gulf of Mexico Shrimp, 20 minutes;
- International Maritime Organization (IMO) Number Registration, 30 minutes;
- Aquacultured Live Rock Permitting and Reporting—New Permit—Deposit Harvest Report, 15 minutes; Notice of Intent to Harvest, 5 minutes; Site Evaluation Report, 20 minutes; Federal Permit Application, including Site Evaluation Report, 50 minutes; and
- Aquacultured Live Rock Permitting and Reporting—Renew Permit—Deposit Harvest Report, 15 minutes; Notice of Intent to Harvest, 5 minutes; Federal Permit Application, 30 minutes.

Estimated Total Annual Burden Hours: 7,940.

Estimated Total Annual Cost to Public: $483,828 in recordkeeping or reporting costs.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: December 15, 2016.

Sarah Brabson,

NOAA PRA Clearance Officer.

[FR Doc. 2016–30594 Filed 12–19–16; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

RIN 0648–XF087

Gulf of Mexico Fishery Management Council; Public Meeting

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of a webinar meeting.

SUMMARY: The Gulf of Mexico Fishery Management Council will hold a meeting of its Pulley Ridge Working Group via webinar.

DATES: The webinar will convene on Wednesday, January 4, 2017, 10 a.m. to 12 p.m. EST.

ADDRESSES: The meeting will take place via webinar.

Council address: Gulf of Mexico Fishery Management Council, 2203 N. Lois Avenue, Suite 1100, Tampa, FL 33607; telephone: (813) 348–1630.

FOR FURTHER INFORMATION CONTACT: Dr. Morgan Kilgour, Fishery Biologist, Gulf of Mexico Fishery Management Council; *morgan.kilgour@gulfcouncil.org,* telephone: (813) 348–1630.

SUPPLEMENTARY INFORMATION:

Wednesday, January 4, 2017; 10 a.m.–12 p.m., EST:

Agenda: The working group will discuss available information about Pulley Ridge and potential boundary modifications to the existing habitat area of particular concern.

—Meeting Adjourns—

You may register for Pulley Ridge Working Group webinar on January 4, 2017 at: *https://attendee.gotowebinar.com/register/3018060841235901185.*

The Agenda is subject to change, and the latest version along with other meeting materials will be posted on the Council's file server. To access the file server, the URL is *https://public.gulfcouncil.org:5001/webman/index.cgi* or go to the Council's Web site and click on the FTP link in the lower left of the Council Web site (*http://www.gulfcouncil.org*). The username and password are both ''gulfguest''. Click on the ''Library Folder'' then scroll down to ''Pulley Ridge Working Group Jan 2017''.

The meeting will be webcast over the internet. A link to the webcast will be available on the Council's Web site, *http://www.gulfcouncil.org.*

Although other non-emergency issues not on the agenda may come before the Working Group for discussion, in