



U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE

OMB No. 0648-0304
Expires:06/30/2008

HIGH SEAS FISHING PERMIT APPLICATION

SECTION 1. VESSEL INFORMATION (please print legibly or type)

USCG DOC. OR STATE REG. NO	VESSEL NAME	RADIO CALL SIGN
CREW SIZE (INCLUDING OFFICERS)	SHAFT HORSEPOWER	REFRIGERATION TYPE: (Check only one or write in) <input type="checkbox"/> ICE <input type="checkbox"/> BRINE <input type="checkbox"/> BLAST <input type="checkbox"/> PLATE <input type="checkbox"/> TUNNEL <input type="checkbox"/> RSW OTHER (write in): _____

FISHING VESSEL TYPE (Check the box for the vessel type that best describes your vessel. Check only one)

PURSE SEINERS <input type="checkbox"/> 0228 – Tuna Purse Seiner <input type="checkbox"/> 0229 – Purse Seiner Other GILL NETTERS <input type="checkbox"/> 0410 – Drift Netters <input type="checkbox"/> 0490 – Gill Netter Other	LOGLINERS <input type="checkbox"/> 0623 – Freezer Longliner <input type="checkbox"/> 0624 – Factory Longliner <input type="checkbox"/> 0626 – Tuna Longliner <input type="checkbox"/> 0627 – Longliner Other	OTHER LINERS <input type="checkbox"/> 0705 – Jigging Line Vessels (for squid only) <input type="checkbox"/> 0710 – Handliner <input type="checkbox"/> 0720 – Pole and Line Vessel <input type="checkbox"/> 0730 – Troller
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SECTION 2. AUTHORIZED HIGH SEAS FISHING ACTIVITIES (Check all that apply)

Using as a reference the attached list of Authorized High Seas Fishing Activities, check those under which you intend to fish on the high seas. You must select at least one; however, check only those under which you will actually fish. You are responsible for meeting the reporting requirements for all you select.

- 50 CFR 635 – Atlantic Highly Migratory Species
- 50 CFR 660, Subpart K – Pacific Highly Migratory Species Fisheries
- 50 CFR 665, Subpart C – Western Pacific Pelagic Fisheries
- South Pacific Albacore Troll Fishing
- 50 CFR 300, Subpart C – Pacific Tuna Fisheries
 - 50 CFR 300, Subpart D – South Pacific Tuna Fisheries
 - 50 CFR 300, Subpart G – Antarctic Marine Living Resources

SECTION 3. VESSEL OWNERSHIP INFORMATION

Managing Owner as shown on USCG Form 1270 or State Registration Company Name (If vessel is incorporated)				Date Incorporation Filed			Tax Identification Number
				Month	Day	Year	
Owner Name Last	First	Middle	Suffix	Date of Birth			Social Security Number
				Month	Day	Year	
Mailing Address		City			State	Zip code	
Phone #		Fax #					

SECTION 4. VESSEL OPERATOR INFORMATION

Operators Name Last		First	Middle	Suffix	Date of Birth			Social Security Number
					Month	Day	Year	
Mailing Address		City			State	Zip code		
Phone #		Fax #						

SECTION 5. VESSEL STATUS

Has the vessel identified above flown the flag of another nation within the last three years? YES_____ NO_____.

If yes, provide the following information for each period during which the vessel operated under other than the U.S flag: Period: Beginning mm-dd-yyyy; End mm-dd-yyyy, Vessel Name, Flag, International Radio Call Sign, Homeport, Owner Name, Address, Phone, Fax; Operator Name, Address, Phone, Fax (If necessary provide additional information on a separate sheet of paper)

Has the vessel identified above, under its current name/flag, or any previous names/flags, had any permit or license suspended or revoked within the past three years? YES_____ NO_____ If yes, list and attach on a separate sheet of paper the circumstances surrounding each such instance and include an explanation of the current status of the suspension or revocation.

SECTION 6. SIGNATURE (All applications must be signed and dated)

By signing this application, the undersigned owner or operator of the vessel identified above, declares under penalty of law that all information in this application is true, accurate and complete. A non-refundable application fee of \$67.00 in the form of a check or money order made payable to "U.S. Department of Commerce – NOAA" must accompany each application.

Signature	Name (Print legibly or type)	Date:
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Submission of application information is mandatory in order to be considered for a permit and is used in determining if a permit should be issued. The public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to : NMFS, Office of International Affairs, 1315 East West Highway, Silver Spring, MD 20910. Notwithstanding any other provision of 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 of information displays a currently valid OMB Control Number.

Your Social Security Number (SSN) is confidential and is protected under the Privacy Act. Disclosure of your SSN is mandatory. The primary purpose for requiring the SSN and TIN is to verify the identity of individuals/entities doing business with the government as required by the Debt Collection Improvement Act of 1996 (Public Law 104-134).