

Vessel Monitoring System (VMS) Installation and Activation Certification for the Rock Shrimp Fishery of the South Atlantic

**PLEASE COMPLETE THIS FORM BY
PROVIDING ALL REQUESTED INFORMATION**

F/V Name _____

Vessel state registration number or U.S. Coast Guard documentation number

Installing dealer (name, address, and telephone number)

Date of installation (mm/dd/yyyy) _____

VMS transmitting unit

Manufacturer name: _____

Model: _____

Mfr serial number (S/N): _____

Comm network serial number (ISN): _____

VMS communications service provider

Provider name: _____

Communication ID number assigned by service provider: _____

Were VMS device operating instructions sent to you from the VMS vendor? YES
NO

Were you trained on use of VMS device by the VMS vendor? YES
NO

In accordance with 50 CFR §622.9, as the owner or operator of a vessel participating in the south Atlantic rock shrimp fishery, I hereby certify that the VMS system on my vessel has been installed and the communication services activated in compliance with the applicable procedures of this installation and activation form.

Vessel owner name: _____

Vessel owner signature: _____ Date: _____

Vessel operator name: _____

Vessel operator signature: _____ Date: _____

Submit this certification, when completed, to the NMFS, Office of Law Enforcement, Headquarters VMS Program, 8484 Georgia Avenue, Suite 890, Silver Springs, MD 20910, fax 301-427-0049. For questions regarding VMS installation, contact the VMS Support Center, 1-888-219-9228.

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the requested information is mandatory for the purpose of managing the South Atlantic rock shrimp fishery. The requested information is used to ensure proper operation of the VMS unit. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. The public reporting burdens for this collection of information are estimated as follows 15 minutes for completion and submission of the statement certifying compliance with the installation and activation checklist. The estimates of public reporting burdens for these collections of information include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Written comments regarding the burden-hour estimates or other aspects of the collection-of-information requirements, or suggestions for reducing this burden, should be sent to Robert Sadler, Southeast Regional Office, NMFS, 9721 Executive Center Drive N., St. Petersburg, FL 33702.