

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 12/08/2006

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

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 09/16/2006

ACTION REQUESTED: Extension without change of a currently approved collection
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 200608-0648-004
TITLE: Southeast Region Permit Family of Forms
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with 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: 12/31/2009

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	62,408	15,770	651,000
New	60,248	15,671	650,679
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	-98	-321
Change due to Agency Adjustment	-2,160	-1	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: Burden has been increased to reflect information provided in the supporting statement. OMB requests in the future additional information about which forms and requirements have been grouped into which information collections.

OMB Authorizing Official:

John F. Morrall III
Acting Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
Dealer permits	NA	Annual dealer permit application form	50 CFR 622.4
Vessels fishing in the Exclusive Economic Zone	NA, NA	Federal permit form for wreckfish off the South Atlantic states, Permit form for vessels fishing in the exclusive economic zone	50 CFR 622.4
Shrimp fishery permitting and reporting	NA, NA, NA, NA	Permit Application for vessels fishing in the Exclusive Economic Zone for Shrimp, Gulf of Mexico Shrimp Federal Permit Reporting Form, Application for vessel operator card (shrimp and dolphin/wahoo), Basis of eligibility for Gulf of Mexico Shrimp Moratorium	50 CFR 622.4
Live rock permitting and reporting	NA, NA, NA	Application for federal permit for the harvest of aquacultured live rock, Aquaculture Site Evaluation Report, Aquacultured Live Rock Report (harvesting activity)	50 CFR 622.4
Golden crab permitting and reporting	NA	Federal permit application for vessels fishing in the EEZ for golden crab	50 CFR 622.17
Dolphin/wahoo permit applications and operator cards	NA	Federal permit application for Southeast Region operator card: shrimp and dolphin/wahoo	50 CFR 622.4
Fishing in Colombian Waters	NA	Federal permit/certificate application to fish in Columbian Treaty Waters	50 CFR 622.4

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	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
7. Title	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Agency form number(s) (<i>if applicable</i>)	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. ___ Individuals or households d. ___ Farms b. ___ Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Application for benefits e. ___ Program planning or management b. ___ Program evaluation f. ___ Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

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

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
SOUTHEAST REGION PERMIT FAMILY OF FORMS
OMB CONTROL NO.: 0648-0205**

A. JUSTIFICATION

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

The Southeast Region covers the eight coastal states of North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas, the inland states of Arkansas, Iowa, Kansas, Kentucky, Missouri, Nebraska, New Mexico, Oklahoma and Tennessee, as well as the Commonwealth of Puerto Rico and the U.S. Virgin Islands. The Sustainable Fisheries Division, Southeast Regional Office, National Marine Fisheries Service (NMFS), is entrusted with the conservation, management, and protection of marine fishery resources inhabiting federal waters off the southeastern United States from North Carolina through Texas and Puerto Rico and the U.S. Virgin Islands. The Division is the Region's focal point for implementing NMFS' primary legislative authority for fisheries management and research, the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act), as amended by the Sustainable Fisheries Act ([SFA](#)).

The Division works directly with the Region's three fishery management councils established by Congress to perform the mandates of the Magnuson-Stevens Act. These mandates are accomplished through fishery management plans for marine finfish and crustaceans that support important commercial and recreational fisheries in the Gulf of Mexico, South Atlantic Ocean, and Caribbean Sea and consider conservation and management issues, sociological and economic issues, and regulatory issues. Functions and activities required to fulfill this and other responsibilities as specified in the Magnuson-Stevens Act include: providing guidance on fisheries management; providing technical assistance and advise in preparing fishery management plans (FMPs) in accordance with national standard guidelines and other applicable laws; coordinating public review and compilation of comments; initiating Secretarial review of FMPs and amendments; drafting regulations and Federal Register notices, as well as reviewing and responding to comments received during rulemaking; fishery management plan (FMP) implementation; and monitoring.

A major component of fisheries management in the Region is the permit system and the information collected by these permits. The permit/endorsement system has the following uses:

- a. Registration of actual and/or potential fishing vessels/dealers.
- b. Collection of data relevant to the characteristics of both vessels and (potential) fishermen.
- c. Secure compliance (e.g., do not issue permits until unpaid penalties have been collected and reporting requirements are fulfilled).
- d. Provide a mailing list for the dissemination of regulatory information.
- e. Register participants for fisheries with special restrictions/limited access.
- f. Provide sample frames for data collection.
- g. Permit purchase information for fleet economic analyses.

Accordingly, numerous FMPs and Amendments have been developed by the Region which requires the collection of information for purposes of proper implementation of these rules. Regulations implementing the FMPs and their collection of information appear at [50 CFR 600.305](#), [50 CFR 600.315](#), and [50 CFR 622.5](#).

Dolphin/Wahoo Fishery Management Plan

In 1999, NOAA Fisheries, on behalf of the Secretary, designated the South Atlantic Fishery Management Council (SAFMC) as the administrative lead in jointly preparing and amending a dolphin and wahoo FMP. This plan was to be completed with the cooperation of the Gulf of Mexico and Caribbean Fishery Management Councils, with the New England and Mid-Atlantic Fishery Management Councils acting in an advisory capacity to the SAFMC. Several logistic issues delayed the finalization of the joint FMP. The SAFMC was concerned that identified social and economic issues in their area of jurisdiction (the U.S. Atlantic coast) would not be addressed in a timely manner. In July 2002, the SAFMC requested that the Secretary re-designate them as true lead on an FMP encompassing only the U.S. Atlantic coast. In January 2003, NOAA Fisheries, on behalf of the Secretary, formally announced approval of this re-designation in a *Federal Register Notice*. Requirements are included in [50 CFR 622.4](#).

The rule implemented the FMP for the dolphin and wahoo fishery in the exclusive economic zone (EEZ) off the Atlantic states (Maine through the east coast of Florida), the rule required vessel owners to obtain commercial vessel and charter vessel/headboat permits and submit reports; required operators of commercial vessels, charter vessels, and headboats to obtain operator permits; required dealers to obtain permits and submit reports; established bag and trip limits; established a minimum size limit (dolphin only); closed the longline fisheries in areas closed to the use of such gear for highly migratory pelagic species; prohibited sale without a commercial vessel permit; specified allowable gear; and established a framework procedure by which the SAFMC could establish and modify certain management measures in a timely manner. The intended effects are to conserve and manage dolphin and wahoo and to ensure that no new fisheries for dolphin and wahoo develop.

Information obtained on permit applications provides baseline data on participants and the activities of vessels, dealers, and vessel operators in the Atlantic dolphin and wahoo fishery that were not available. Collection of the taxpayer identification number (i.e., employer identification numbers for corporations, and social security number for individuals) on the Application under authority of the Debt Collection Act enhances NMFS's identification of the applicants for management and compliance purposes. To be eligible for exemption from the bag and possession limits for dolphin and wahoo in the Atlantic EEZ or to sell dolphin and wahoo harvested in the Atlantic EEZ, the rule requires a vessel to have on board a Federal commercial permit for Atlantic dolphin and wahoo. As an exception to this permit requirement, a vessel with a Federal commercial permit in a fishery other than the Atlantic dolphin and wahoo fishery would have a 200-lb trip limit, in lieu of a bag and possession limit, and would be allowed to sell dolphin or wahoo, provided that all fishing on and landings from that trip were landings from waters north of 39° N. lat. (near Dover, Delaware).

NMFS issues an Atlantic dolphin and wahoo commercial permit for a vessel that has a Federal commercial permit for king mackerel, South Atlantic snapper-grouper, or Atlantic swordfish or for a vessel, whose owner meets both the earned income requirement and the landings

requirement. An owner meets the earned income requirement if he or she derived at least 25 percent of earned income or at least \$10,000 from commercial fishing (i.e., the harvest and first sale of fish) or from charter/headboat fishing during one of the 3 calendar years 1996, 1997, or 1998. An owner meets the landings requirement if he or she owned a vessel that landed and sold at least 250 lb of dolphin and/or wahoo harvested from the Atlantic during the period January 1, 1996, through May 21, 1999. If a vessel has a Federal commercial vessel permit issued by NMFS in the king mackerel, South Atlantic snapper-grouper, or swordfish fishery, dolphin and wahoo is added to the fisheries for which the permit is valid upon written request to NMFS from the owner or operator for such addition.

An owner of a vessel who desires a commercial vessel permit based on the earned income and landings requirements is required to obtain a permit application form from and submit it to NMFS. Information on the application form and accompanying documentation consists of the standard information and documentation required for commercial vessel permits issued by NMFS. Such information and documentation is not required if they are available to NMFS through a valid permit issued in another fishery. The earned income requirement has to be documented by an optional affidavit signed by the applicant, or by the applicant's tax records demonstrating that he/she does meet the income qualifications of the fishery. The original rule stated that tax records were the only accepted documentation for proof of participation in the fishery. However, the optional affidavit was developed to reduce burden on the participants while still providing documentation of participation.

The landings requirement has to be documented by a listing of landings by date, species, amount, and dealer. Only landings verified as having been received between January 1, 1996, and May 21, 1999, by the following would qualify: (1) Fishing vessel logbooks received by the Science and Research Director of either the NMFS Southeast or Northeast Fisheries Science Centers; (2) state trip ticket systems; or (3) for landings not covered by vessel logbook or state trip ticket system requirements, dealer records accompanied by signed affidavits. Dealer records must definitively show dates and amounts of landings of the species known as dolphin and/or wahoo and the vessel's name, official number, or other reference that clearly identifies the vessel. Dealer records must contain a sworn affidavit by the dealer confirming the accuracy and authenticity of the records. A sworn affidavit is an official written statement wherein the individual signing the affidavit affirms that the information presented is accurate and can be substantiated, under penalty of law. Only landings that were harvested, landed, and sold in compliance with state and Federal regulations would be used to establish eligibility. No appeals, or reconsiderations of ineligibility, are allowed.

To possess a dolphin or wahoo in or from the Atlantic EEZ on board a charter vessel or headboat, the rule requires that a valid Federal charter vessel/headboat permit for Atlantic dolphin and wahoo be on board that vessel. There is no earned income or landing requirements for the charter vessel/headboat permits. The owner of a vessel who desires a charter vessel/headboat permit for the Atlantic dolphin and wahoo fishery is required to obtain a permit application form from and submit it to NMFS. An owner of a charter vessel or headboat who desires to sell dolphin is required to obtain a commercial vessel permit for dolphin and wahoo in addition to the charter vessel/headboat permit.

To enhance enforcement of fishery regulations, the rule requires an operator of a commercial vessel or a charter vessel/headboat in the Atlantic dolphin and wahoo fishery to obtain a permit.

"Operator" is defined as the master or other individual aboard and in charge of a vessel. Each vessel that has a Federal commercial vessel or charter vessel/headboat permit for the Atlantic dolphin and wahoo fishery is required to have on board at least one person who has a valid operator permit when the vessel is at sea or offloading. This provides operator characteristics data, and enforcement information to increase compliance in the fishery. Information required on an application includes name, address, and other identifying information, such as date of birth, height, weight, and hair and eye color, of the applicant, and other information necessary for the issuance or administration of the permit. In addition, each applicant is required to provide two recent (no more than 1-yr old) color, passport-sized photographs. In general, an operator permit is valid for a 3-year period. An operator of a vessel in the Atlantic dolphin and wahoo fishery is required to present his/her operator permit for inspection upon the request of an authorized officer.

This rule also requires a dealer of dolphin or wahoo to obtain a dealer permit for such species. "Dealer" is defined as a person who first receives fish by way of purchase, barter, or trade or who first receives dolphin or wahoo harvested from the Atlantic EEZ upon transfer ashore. To obtain such permit, the applicant has to have a valid state wholesaler's license in the state(s) where the dealer operates, if required by such state(s), and have a physical facility at a fixed location in such state(s).

Dolphin/Wahoo Fishery Management Plan

Amendment 22 to the FMP for the Reef Fish Resources of the Gulf of Mexico proposes a mandatory observer program for selected commercial and for-hire (charter vessel/headboat) vessels in the Gulf of Mexico reef fish fishery. This requires a revision to 0648-0205 to allow the collection of data associated with the reef fish vessel owners notifying the agency regarding their fishing activities, by telephonic communication, so that observers can arrange to board the vessel and observe the fishing trip. No form or application is required. The regulatory citation is [50 CFR 622.4](#).

South Atlantic Shrimp Amendment 6

Brown, pink, or white shrimp (penaeid) vessel owners must submit applications for federal fishing permits and provide relevant information on those applications. This collection is associated with rulemaking to implement Amendment 6 to the FMP for the Shrimp Fishery of the South Atlantic Region, as prepared and submitted by the SAFMC. The shrimp fishery off the southern Atlantic states is managed under the FMP. The FMP was prepared by the SAFMC and is implemented under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act) by regulations at 50 CFR part 622.

The rulemaking requires an owner or operator of a trawler that harvests penaeid shrimp in the EEZ off the southern Atlantic states to obtain a Federal fishing permit in [50 CFR 622.4](#). This family of forms includes data collection of data for agency observers aboard fishing vessels. Amendment 6 proposes an observer program for selected commercial vessels in the South Atlantic penaeid shrimp and rock shrimp fisheries.

Gulf of Mexico Shrimp Amendment 13

Amendment 13 of the Gulf of Mexico (GOM) shrimp fishery FMP amends the FMP to include a royal red shrimp endorsement, an observer program, an annual landings report, and a permit moratorium under which eligibility for a permit must be established. Additionally, the final rule implementing Amendment 13 to the shrimp FMP establishes a new requirement to have all permit transfers in the Gulf of Mexico notarized. Burden hours and costs for this requirement will also be added to OMB Control No.: 0648-0327, Highly Migratory Species Permit Family of Forms.

The royal red shrimp fishery in the GOM is a very small component of the overall shrimp fishery, and there are very limited data on this fishery on which to make management decisions. Consequently, there is a need to collect additional information on areas fished, effort, catch per unit effort, markets, value, etc. A separate royal red shrimp vessel permit or an endorsement to the existing commercial shrimp vessel permit would provide a readily accessible database from which to identify participants in this fishery.

In developing a methodology to assess the amount and type of bycatch for the shrimp fishery of the GOM as required by Section 303 (a) (11) of the M-SFCMA, the Council is confronted with two problems. First, the bycatch is made up of a very large number of species that differ depending on the species of shrimp being harvested, environmental perturbations, and the geographic location of trawling. This problem is compounded by seasonal differences in abundance and the fact that the vast majority of this bycatch is made up of species that have very little or no commercial or recreational value and are discarded. The total amount of bycatch is also large: approximately 600.0 million pounds, annually. Consequently, although a rough estimation of the amount of bycatch can be made by sampling bycatch to shrimp catch ratios and multiplying, this method does not address the legal requirement of assessing the “type” of bycatch – because, being unwanted, it is discarded without identification.

The second problem is concerned with estimating effort. There are currently approximately 2,500 permitted vessels that harvest shrimp from the Exclusive Economic Zone, and the Council estimates that there are over 13,000 boats that fish in state waters. With such a large number of vessels of differing sizes, gears used, and fishing capabilities compounded by seasonal variability in abundance and price and the broad geographic distribution of the fleet, it is practically impossible to estimate the actual amount of fishing effort using current methods and data.

Therefore, along with a royal red endorsement, the entire shrimp fishery is being placed under a moratorium under which vessels will have to qualify for a permit. In addition, a requirement to provide annual landings will identify species composition within the fishery. Having such a database will allow managers and scientists to gather additional biological, social, and economic data in order to appropriately manage this fishery where and when warranted.

Falsifying permit transfers has caused a number of problems to both the permit section and the fishermen themselves. The new requirement of notarized transfers is expected to quell the problem of forged or falsified permit transfers. Requirements in RIN 0648-AS15 will be added to 50CFR622.4 (the related revision to OMB Control No.: 0648-0205 OMB approved on 6-23-06).

Activity	Fishery	Form	Regulation Citation
Dealer Permit	South Atlantic Snapper/Grouper; Gulf Reef Fish; Golden Crab; Wreckfish; Rock Shrimp;	Multiple Fishery Dealer Application	50 CFR 622.4
Charter Vessel/Headboat Permit	Dolphin/Wahoo; Gulf Reef Fish; South Atlantic Snapper/Grouper; Coastal Migratory Pelagic	Federal permit application for vessels fishing in the EEZ	50 CFR 622.4
Commercial Vessel Permit	King and Spanish Mackerel; Wreckfish; Spiny Lobster; Gulf Shrimp; Gulf Reef Fish; South Atlantic Rock Shrimp; South Atlantic Snapper/Grouper; South Atlantic Golden Crab; Colombian Treaty Waters	Federal permit application for vessels fishing in the EEZ	50 CFR 622.4 50 CFR 622.15 50 CFR 622.17 50 CFR 635.4 50 CFR 640.4
Vessel Operator Permit Card	Dolphin/Wahoo; South Atlantic Rock Shrimp	Federal permit application for southeast region issued operator card	50 CFR 622.4
Commercial Vessel Tailing Permit	Spiny Lobster	Federal permit application for vessels fishing in the EEZ	640.4
Commercial Vessel Monitoring System Installation	South Atlantic Rock Shrimp	Checklist	50 CFR 622.4
Commercial Vessel Monitoring System Maintenance	South Atlantic Rock Shrimp	No Form	50 CFR 622.4
Commercial Vessel Permit Transfer	Various	Federal permit application for vessels fishing in the EEZ	50 CFR 622.4
Vessel Permit	Octocoral Coral or Allowable Chemical	No Form – Written Request for Either Permit	50 CFR 622.4
Site Permit	Aquacultured Live Rock	Individual Form	50 CFR 622.4
Site Evaluation Report	Aquacultured Live Rock	Individual Form	50 CFR 622.4
Vessel Permit Endorsement Transfer	Gulf Reef Fish Trap; Gulf Red Snapper; Mackerel Gillnet	Federal permit application for vessels fishing in the EEZ	50 CFR 622.4
Vessel Permit Endorsement Placement	Gulf Red Snapper	No Form – Written Request	50 CFR 622.4

Activity	Fishery	Form	Regulation Citation
Notification of Lost or Stolen Traps	South Atlantic Golden Crab; Caribbean Spiny Lobster; Gulf Reef Fish; South Atlantic Snapper/Grouper	No Form – Notification	50 CFR 622.17 50 CFR 622.6
Observer coverage	South Atlantic and Gulf of Mexico Penaeid Shrimp; South Atlantic Sargassum; South Atlantic Golden Crab; Gulf of Mexico Reef Fish	No Form - Notification	50 CFR 622.8
Zone Transit Notification	South Atlantic Golden Crab	No Form – Notification	50 CFR 622.17
Notification of Authorization for Trap Retrieval	Gulf Reef Fish, South Atlantic Snapper/Grouper; South Atlantic Golden Crab	No Form – Written Notification of Authorization	50 CFR 622.4
Notification of Harvest Activity	Aquacultured Live Rock	No Form – Notification	50 CFR 622.41
Coupons for Tracking ITQ	Wreckfish	Coupon	50 CFR 622.15
Gulf of Mexico shrimp permit moratorium	Gulf of Mexico shrimp	Basis of eligibility for the Gulf of Mexico Shrimp Moratorium	50 CFR 622.4
Gulf of Mexico shrimp permit	Gulf of Mexico shrimp	Federal permit application for vessels fishing in the EEZ for shrimp	50 CFR 622.4
Royal red shrimp endorsement	Gulf of Mexico shrimp	Federal permit application for vessels fishing in the EEZ for shrimp	50 CFR 622.4
Transfer notarization	All fisheries with allowable transfer of permits	Applicable permit, license, or endorsement	50 CFR 622.4
Annual landings report	Gulf of Mexico shrimp	Gulf of Mexico shrimp federal permit reporting form	50 CFR 622.4

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.

The information requested is used by various offices of NMFS, Regional Fishery Management Council staff, the U.S. Coast Guard and state fishery agencies under contract to NMFS to develop, implement and monitor fishery management strategies. Analyzes and summarizations of data are used by NMFS, the Regional 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.

These data serve as input for a variety of uses, such as: biological analyzes and stock assessments; E.O. 12291 regulatory impact analyzes; quota and allocation selections and monitoring; economic profitability profiles; trade and import tariff decisions; allocations of grant funds among states; identify ecological interactions among species. NMFS would be significantly hindered in its ability to fulfill the majority of its scientific research and fishery management missions without these data.

NMFS retains control over the information and safeguards it from improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. 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 measure and a pre-dissemination review pursuant to Section 515 of the 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.

Regarding the permitting data collection, the Southeast Region's Web site allows the public to obtain a copy of the permit application, which can be downloaded and completed electronically, and then printed. Otherwise, the Southeast Region currently has no resource or technological capability for electronic (i.e., Web site) permit application and issuance. This capability cannot be accomplished in the Southeast Region without significant changes to the permit issuance criteria and our permit issuance processes. These changes have been initiated, in that the Southeast Region Permits Team may be switching from a non-Web database (Rbase) to a Web-based database (Oracle) in the future. The Southeast Region also has initiated clearance of a survey of permitted vessel owners to determine the feasibility of Web site application and associated costs/benefits. The survey results will be used to evaluate the feasibility of electronic permit transactions for possible inclusion in future permitting system changes and resource/technology allocations. Such changes could support NOAA's proposed initiative for One-Stop Shopping (to improve customer service through coordination of NOAA consultation and permitting activities).

4. Describe efforts to identify duplication.

The Magnuson-Stevens Act's operational guidelines require each FMP to evaluate existing state and federal laws that govern the fisheries in question, and the findings are made part of each FMP. Each Fishery Management Council membership is comprised of state and federal officials responsible for resource management in their area. These two circumstances identify other collections that may be gathering the same or similar information. In addition, each FMP undergoes extensive public comment periods where potential applicants review the proposed permit application requirements. Therefore, NMFS is confident it is aware of similar collections if they exist. The other information proposed to be collected is not being collected elsewhere; therefore, this data collection would not cause duplication.

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

Because all applicants are considered small businesses or small entities, separate requirements based on size of business have not been developed. Only the minimum data to meet the current and future needs of NMFS's fisheries management are requested from the vessel owners.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

The Region's three fishery management councils established by Congress are expected to fulfill the mandates of the Magnuson-Stevens Act. These mandates are accomplished through fishery management plans for marine finfish and crustaceans that support important commercial and recreational fisheries in the Gulf of Mexico, South Atlantic Ocean, and Caribbean Sea and consider conservation and management issues, sociological and economic issues, and regulatory issues. Functions and activities required to fulfill this and other responsibilities as specified in the Magnuson-Stevens Act include: providing guidance on fisheries management; providing technical assistance and advise in preparing FMPs in accordance with national standard guidelines and other applicable laws; coordinating public review and compilation of comments; initiating Secretarial review of FMPs and amendments; drafting regulations and Federal Register Notices, as well as reviewing and responding to comments received during rulemaking; FMP implementation; and monitoring.

A major component of fisheries management in the Region is the permit system and the information collected by these permits.

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

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

8. Provide a copy of 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.

A Federal Register notice solicited comments on this renewal request; none were received.

These data collection programs were all part of FMPs or amendments to these FMPs. As such public comments were solicited for all parts of the rule, including the collection of information requests. As part of the FMP development process, public hearings are held throughout the region soliciting comments from constituents about any part of the proposed FMP and associated rule. Additionally, upon publication of the Notice of Availability of the Amendment in the Federal Register, the public has 60 days to comment on the Amendment. Likewise, upon

publication of the proposed rule, which includes any reporting requirements, the public has 45 days to comment on the rule and its associated collections. Also, notices were published regarding all aspects of the collection discussed earlier in this supporting statement.

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.

All data submitted under the proposed collection will be handled as confidential material in accordance with M-SFCMA, Section 402b, and NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

This information collection will be included in a comprehensive NMFS Permits and Registrations System of Records Notice, to be submitted for review to the Department of Commerce before the end of Fiscal Year 2006.

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.

Burden hours for this collection of information total 15,670, reduced from 15,770. There are 1176 permits annually for which the optional affidavit for income qualifiers applies, with a time savings per response of 5 minutes (1176 applicants x 5 minutes saved = 98 hours). The additional two hours' difference is due to cumulative rounding errors.

Responses have decreased from 62,408 to 60,248, also due to cumulative errors (see # 15).

Form/Notification /Endorsement	Total Number of Respondents	Annual Number of Responses	Time per Response	Total Time Hours
Multiple Fishery Dealer Application	548	274	5 min	23
Multiple Fishery Vessel Application	9797	3294	20 min	1312
South Atlantic Wreckfish Vessel Form	8	8	20 min	3
Rock Shrimp Vessel Monitoring System Maintenance	168	168	2 hours	336

Form/Notification /Endorsement	Total Number of Respondents	Annual Number of Responses	Time per Response	Total Time Hours
Rock Shrimp Vessel Monitoring System Installation	0	0	4 hours	0
Rock Shrimp Vessel Operator Permit Card Applications	168	56	1 hour	56
Rock Shrimp Vessel Position Reports	168	33,600	14 minutes	7,840
Rock Shrimp Vessel Non-renewed Endorsement Requests	30	10	2 hours	20
South Atlantic Golden Crab Vessel Form	10	5	20 min	2
Colombian Treaty Vessel Form	20	20	20 min	7
Aquacultured Live Rock Site Evaluation Report	1	1	45 min	1
Aquacultured Live Rock Site Permit	1	1	20 min	1
Notification of Permit Purchase Price – Permit Transfer	658	329	5 min	28
Endorsement Transfer – Gulf red snapper	0	0	20 min	0
Endorsement (Placement) – Gulf red snapper	130	65	5 min	5
Endorsement – South Atlantic rock shrimp	0	0	20 min	0
Endorsement – Gulf Reef Fish Trap	59	30	20 min	10
Endorsement – Mackerel Gillnet	52	26	20 min	9
Notification of Golden Crab Lost or Stolen Traps	2	2	5 min	10 minutes
Notification – Sargassum Vessel Observer	0	0	5 min	0
Notification – Golden Crab Observer	2	2	5 min	10 minutes
Transit Notification – Golden Crab Vessel	5	5	5 min	1
Notification Authorization for Trap Retrieval – Gulf Reef Fish	5	5	15 min	1

Form/Notification /Endorsement	Total Number of Respondents	Annual Number of Responses	Time per Response	Total Time Hours
Notification Authorization for Trap Retrieval – South Atlantic – Snapper/grouper	2	2	15 min	1
Notification Authorization for Trap Retrieval – Golden Crab	1	1	15 min	15 minutes
Notification Harvest Activity – Aquacultured Live Rock	10	10	5 min	1
Notification Lost Traps – Caribbean Spiny Lobster	2	2	5 min	10 minutes
Request for Octocoral Coral or Allowable Chemical Vessel Permit	0	0	5 min	0
Dolphin/ Wahoo permit applications/operator cards	8,459	8,479	30 minutes	4,240
Notification - Reef Fish, Golden Crab, Rock Shrimp. Royal Red Shrimp Observer coverage	5758	5758	5 minutes	479
Gulf of Mexico Shrimp permit applications	1731	1731	20 minutes	589
Royal Red Shrimp permit application	14	14	22 minutes	5
Gulf of Mexico shrimp annual landings report	2500	2500	5 minutes	208
Notarization of transfers	1350	1350	20 minutes	450
Gulf of Mexico shrimp moratorium eligibility form	2500	2500	1 minute	42
Total		60,248		15,670

13. 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 #12 above).

The total annual cost burden for this collection of information is \$650,978. The total revenue generated by permit fees is \$569,244: 1) fishery permits cost \$50 for the first fishery and \$20 for each additional fishery; 2) operator cards cost \$50; 3) Golden crab permits cost \$40; 4) aquacultured live rock cost \$175 for a new permit, and \$31 for renewals and 5) Wreckfish permits cost \$50 (there is no charge for the Colombian treaty permit); 6) dealer permits cost \$100 for the first fishery, and \$25 for each additional fishery. Notarization of transfers cost \$13,500 (1350 transfers @ \$10.00 each). The remaining \$68,234 is accounted for by postage for mailing in permit applications and other required reporting forms.

14. Provide estimates of annualized cost to the Federal government.

Only the observer program associated with this collection has costs to the government, which if implemented at the requested level, would cost \$1,040,000.

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

There is a reduction of 98 hours (1176 responses x 5 minutes) due to a program change: the use of an optional income qualification affidavit for those fisheries that require income qualification for permitting. The reduction in hours results from these participants not having to gather their tax information on a yearly basis for renewal of their permits. An additional decrease of 2 hours is due to an adjustment: cumulative rounding or other calculation errors.

A reduction of 2,160 responses is also an adjustment. After retracing and double checking all changes to this collection since 2003, this decrease can be due only to small cumulative calculation errors.

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, although NOAA Fisheries 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.

The OMB number will be displayed where appropriate.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

There are no exemptions to the certification statement identified in Item 19 of OMB 83-I.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

FEDERAL PERMIT APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

OMB Control No.: 0648-0205; Expiration Date: 10/31/2006

PAPERCLIP
PASSPORT STYLE
PHOTOS HERE. NO
STAPLES, GLUE OR
TAPE.

**REQUIRED FOR SOUTH ATLANTIC ROCK SHRIMP
AND/OR ATLANTIC DOLPHIN WAHOO**

U.S. DEPT OF COMMERCE, NOAA

NMFS PERMITS BRANCH, F/SER1

263 13th Avenue South

St. Petersburg, FL 33701

727/824-5326 (8 am - 4:30 pm ET)

<http://sero.nmfs.noaa.gov>



Check or Money
Order Number:
Reviewer Initials and
Date
Expiration Date:

FOR OFFICE USE ONLY

FEE: \$50.00
REPLACEMENT CARD \$18.00

GENERAL INSTRUCTIONS: Operator cards are required by the operator of a commercial vessel or charter/headboat fishing for Atlantic Dolphin and/or Wahoo, or by the operator of a commercial vessel fishing for South Atlantic Rock Shrimp. Applications must be legible, illegible applications will be returned. Fees are payable by check or money order to the U.S. Treasury. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAYS OR DENIAL OF AN OPERATOR CARD.

APPLICATION INSTRUCTIONS: All blanks in section 1 must be filled in. Use section 2 only if you have a mailing address that is different from the street address required in section 1. Information is required for all categories in section 3 including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue or tape the photos to the application. You must provide your social security number.

1. VESSEL OPERATOR (CARD OWNER) INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)

CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1

MAILING ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. IDENTIFYING INFORMATION

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTH PLACE (CITY, STATE, COUNTRY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

SEX

MALE

FEMALE

EYE COLOR

BROWN

BLUE

GREY

GREEN

HAZEL

Other

HAIR COLOR

BROWN

BLACK

BLONDE

RED

GREY

WHITE

Other

If you are clean shaven or balding, indicate your actual hair color

WEIGHT (LBS)	HEIGHT (FEET - INCHES)
<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

SIGNATURE

Applicant Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS BRANCH, F/SER1
 263 13th Avenue South
 St. Petersburg, FL 33701
 727/824-5326 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date

Check or Money Order Number

Violation Date

Violation Clear Date

Expiration Date(s)

1. DEALER INFORMATION

Dealer entity is (check one): INDIVIDUAL or SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____

If the dealer is a partnership, corporation, or other business entity provide the business name, Federal Tax ID number, and date the business was filed.

Name of Partnership, Corporation, or Business	Federal Tax ID Number	Date business was filed

If the dealer is an Individual or Sole Proprietorship complete the following name, Social Security Number (SSN), and date of birth information:

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix Name

Social Security Number	Date of Birth

2. DEALER CONTACT INFORMATION

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						
					Area Code	Phone Number

3. Permits

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

	New	Renewal	Duplicate		New	Renewal	Duplicate
Atlantic Dolphin/ Wahoo (DDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Wreckfish (WD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shark (SK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Rock Shrimp (RS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Swordfish (SD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Golden Crab (GC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Atlantic Snapper-Grouper Excluding Wreckfish (SG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gulf of Mexico Reef Fish (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. COMPANY OFFICER and SHAREHOLDER INFORMATION

Complete this section only if the Dealer listed in Section 1 is a Corporation, Partnership, or other business entity. If the Dealer listed in Section 1 is an individual or sole proprietorship you may skip this section. Please copy this page as needed to provide information on all persons associated with the Dealer.

Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to the Dealer listed in Section 1.

Position held:

- President/CEO
 Vice President
 Secretary
 Treasurer
 Director/Manager
 Agent
 Other

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name

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

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

Check box if same as Mailing Address

SSN #	Date of Birth	Area Code	Phone Number

Position held:

- President/CEO
 Vice President
 Secretary
 Treasurer
 Director/Manager
 Agent
 Other

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name

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

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

Check box if same as Mailing Address

SSN #	Date of Birth	Area Code	Phone Number

5. RECEIVING FACILITIES

INSTRUCTIONS: List the names and street addresses for all facilities where product is received. Please copy this page as needed to provide information on all facilities where fish are received.

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

6. State Wholesaler Licenses

Complete the following and provide a copy of each state wholesaler's license held by the dealer.

State Wholesaler License Number :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>

Other Federal Permits or licenses held (issued from Federal a permit office outside of the Southeast Region).

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
--	--

7. SIGNATURE

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 dealer 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 US Treasury. The fee required is \$100.00 for the first fishery and \$25.00 for each additional fishery requested with this application.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Jason Rueter, National Marine Fisheries Service, F/SER22, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA 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.



Instructions for the Federal Application for an Annual Dealer Permit

ACTIVITIES FOR WHICH PERMITS ARE REQUIRED

DOLPHIN/WAHOO	Under 50 CFR 622.4, a dealer who receives Atlantic dolphin/wahoo harvested in the EEZ off the Atlantic states (Maine through the East Coast of Florida) must obtain an annual dealer permit.
GOLDEN CRAB (South Atlantic)	Under 50 CFR 622.4, a dealer who receives South Atlantic golden crab harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
REEF FISH (Gulf of Mexico)	Under 50 CFR 622.4, a dealer who receives reef fish harvested from the EEZ of the Gulf of Mexico must obtain an annual dealer permit.
ROCK SHRIMP (South Atlantic)	Under 50 CFR 622.4, a dealer who receives rock shrimp harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
SNAPPER-GROUPER (South Atlantic)	Under 50 CFR 622.4, a dealer who receives South Atlantic snapper-grouper, excluding wreckfish, harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
SHARK	Under 50 CFR 635.4, a dealer who receives sharks from the Western North Atlantic Ocean including the Gulf of Mexico and the Caribbean Sea must obtain an annual dealer permit.
SWORDFISH	Under 50 CFR 635.4, a dealer who receives from a U.S. vessel a swordfish harvested from the Atlantic Ocean or Gulf of Mexico must obtain an annual domestic dealer permit.
WRECKFISH (South Atlantic)	Under 50 CFR 622.4(a)(4), a dealer who receives a wreckfish harvested from the South Atlantic must obtain an annual dealer permit.

INSTRUCTIONS

Complete the following sections, as applicable:

SECTION 1 & 2 Print or type the name of business and address as shown on your business license. If the applicant is a Business, print or type the Federal Tax ID number assigned to your business by the Internal Revenue Service (taxpayer ID information) if one has been assigned. If applicant is an individual, enter the Social Security Number (taxpayer ID information). If the business is corporate owned, the current Articles of Incorporation and a copy of your most recent Annual Business Report are required to support your application.

As a reminder, permits will not be issued if the corporation is in an INACTIVE status. If your business is not incorporated, then submit a copy of your local business license.

SECTION 3 Select the fisheries for which you are applying.

SECTION 4 If the application is for a dealer that a corporation, partnership, or other business entity then information on the dealer's officers/ shareholders is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the dealer.

SECTION 5 If fish are received at a location different from the dealer's address listed in section 2, complete this section for each physical location where fish are received. Note: A post Office Box is not acceptable as a physical location where fish are received.

SECTION 6 Provide the state wholesale license for each state in which the dealer has a facility. Also, please provide the permit number of any Federal Permits issued, for example, a dealer permit issued by the NMFS Northeast Regional Office (NERO).

SECTION 7 The application must be signed must be signed and data. If the dealer is a corporation, partnership, or other business entity then the applicant must be an officer or shareholder of the dealer, as indicated on the Articles of Incorporations (and any amendments) and/or your most recent Annual Business Report.

Additional Instructions:

1. Mail the completed application, copy of state wholesaler's license (if required) for each state in which you operate, a copy of the Articles of Incorporation (and any amendments), a copy of the most current Annual Business Report as filed with the state in which the business is incorporated, and a check or money order made payable to the U.S. TREASURY to: **National Marine Fisheries Service (F/SER1), 263 13th Avenue South., St. Petersburg, FL 33701.** Questions may be telephoned to 727/824-5326 between 8 am - 4:30pm ET. If you would like your permit and associated documents returned to you via overnight mail, enclose a completed **FEDERAL EXPRESS** air bill, complete with your delivery address, telephone, and your FEDEX account number or credit card number.

States required to submit wholesale license: Alabama, California, Florida, Georgia, Hawaii, Louisiana, Massachusetts, Maryland, Maine, Pennsylvania, Rhode Island, South Carolina, Texas, U.S. Virgin Islands and Washington.

2. The application fee is **\$100** for the first fishery and **\$25** for each additional fishery and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The fee for a replacement permit is **\$18**. Complete all lines or sections that apply for the type(s) of fishery(ies) requested. Select only those your business will need. **Certain fisheries require mandatory reporting requirements.**

In accordance with Federal regulations, any change in your permit information must be reported to the NMFS Regional Administrator within 30 days of the change.

KNOWINGLY SUPPLYING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING A DEALER PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

OMB Control No.: 0648-0205; Expiration Date: 10/31/2006

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>



January 1, 2006 - December 31, 2006

	FOR OFFICE USE ONLY	
	PERMIT NUMBER	EXPIRATION DATE
	REVIEWER'S INITIALS/DATE	VIOLATION NUMBER/DATE
	DATE VIOLATION CLEARED/INITIALS	

PROVIDE THE FOLLOWING REQUIRED INFORMATION:

1. Attach a current copy of the vessel's U. S. Coast Guard certificate of documentation.
2. If the vessel is corporate owned, provide a copy of the Articles of Incorporation and a copy of the most recent annual business report.

An inactive corporation will not be issued a permit.

3. If the owner is an individual, enter the owner's social security number. If the owner is a corporation, enter the Federal Employer Tax Identification Number. Sign and date the form and mail it with all required copies to the address listed above.

SECTION 1. VESSEL INFORMATION

VESSEL NAME	OFFICIAL NUMBER	RADIO CALL SIGN
HULL COLOR	SUPERSTRUCTURE COLOR	SAILS <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2. VESSEL OWNER INFORMATION

OWNER'S NAME	AREA CODE/TELEPHONE		
MAILING ADDRESS			
CITY	STATE	ZIP CODE	SSN or TAXPAYER ID NO.

SECTION 3. ADDITIONAL INFORMATION

PRINCIPAL PORT OF LANDING OF THE 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 4 OWNER'S SIGNATURE

SIGNATURE	DATE:
PRINT/TYPED NAME	

PLEASE TYPE OR PRINT YOUR INFORMATION ABOVE LEGIBLY



U.S. DEPARTMENT OF COMMERCE, NOAA
 NMFS PERMITS TEAM, F/SER1
 263 13TH AVENUE SOUTH
 ST. PETERSBURG, FL 33701
 727/824-5326 (8am - 4:30pm EST)

OMB Control No.: 0648-0205
 Expiration Date: 10/31/2006

FEDERAL PERMIT APPLICATION
VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES
 APPLICATION FEE: \$50.00 REPLACEMENT FEE: \$18.00

	FOR OFFICE USE ONLY	
	CHECK/MONEY ORDER NO.	EXP. DATE:
	REVIEWER'S INITIALS/DATE:	
	VIOLATION NO./DATE:	CLEARED DATE/INITIALS:
	NON-REPORTING HOLD DATE:	CLEARED DATE:/INITIALS:

APRIL 16, 2003 - JANUARY 14, 2004

SECTION 1 VESSEL INFORMATION (please type or print legibly)

Official No. (Coast Guard Doc. or State Registration No.)	Name of Vessel		
Home Port (City & State)	Length (ft.)	Horsepower	

SECTION 2 WRECKFISH SHAREHOLDER INFORMATION (required)

Shareholder Name	Shareholder Certificate No.	Area code/Phone No.	
Mailing Address			
City	State	Zip Code	
Federal ID No.	Date of Birth or Date Corporation Formed: Month Day Year		

SECTION 3 APPLICANT INFORMATION (please type or print legibly)

Owner's Name	Area code/Phone No.		
Mailing Address			
City	State	Zip Code	
Federal ID No.	Date of Birth or Date Corporation Formed: Month Day Year		

SECTION 4 CERTIFICATION AND SIGNATURE OF APPLICANT

If the wreckfish shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor, or agent of the shareholder.

Shareholder's Signature	Date
Name (print)	Position, if owner is a Corporation/Partnership

Revised: 05/27/2004

GENERAL INSTRUCTIONS

For a person aboard a fishing vessel to fish for wreckfish in the exclusive economic zone (EEZ), possess wreckfish in or from the EEZ, off load wreckfish from the EEZ, or sell wreckfish in or from the EEZ, a vessel permit for wreckfish must be issued to the vessel and be on board. An application for a vessel permit for wreckfish must be submitted and signed by a wreckfish shareholder.

1. Type or print legibly in ink. **INCOMPLETE OR UNREADABLE APPLICATIONS WILL BE RETURNED.**
2. The fee is **\$50** for each permit application. The fee is **non-refundable**. All checks or money orders must be made payable to the **U.S. TREASURY**.
3. Mail the completed application, copy of the vessel's **current** certificate of documentation if documented with the Coast Guard or, if not documented, the state registration certificate, and a check or money order for \$50 to the: **National Marine Fisheries Service (F/SER1), 263 13th Avenue South, St. Petersburg, FL 33701**.
4. The Regional Director may require the wreckfish shareholder to provide documentation supporting the certification in Section 4. Such required documentation may include copies of appropriate forms and schedules from the shareholder's income tax return; articles of incorporation for a corporate-owned vessel; a partnership agreement for a partnership-owned vessel; a lease on a vessel for which a permit is requested; or an employment or other contract, or agency agreement that demonstrates an agency, employment, or contract relationship between the wreckfish shareholder and vessel owner or operator.
5. If the permit is lost, a replacement may be obtained by writing to the above address. The fee is **\$18** for a replacement permit.
6. Questions may be phoned to **727/824-5326** between 8:00am and 4:30pm, EST., Monday - Friday.

APPLICATION INSTRUCTIONS

Each section displays the required data elements. You must provide each data element as indicated in each section

SECTION 1 **Vessel Name:** The name of the vessel as shown on the Coast Guard certificate of documentation or state registration certificate.

Official Number (Coast Guard Documentation or State Registration Number): The vessel's U.S. Coast Guard certificate of documentation number or, if not documented, the state registration certificate number.

Home Port: Place where you keep your vessel, not necessarily the home port shown on the Coast Guard documentation.

Vessel Length (ft.): The registered length as shown on the Coast Guard documentation or state registration certificate.

SECTION 2 **Wreckfish Shareholder Federal ID Number:** If the shareholder is a corporation or partnership, print the Federal employer identification number.

Wreckfish Shareholder Date of Birth/Date Corporation Formed: If the shareholder is an individual, print the date of birth. If the shareholder is a corporation or partnership, print the date (month/day/year) the corporation or partnership was formed.

SECTION 3 **Owner's Name:** Individual or corporate name of vessel owner as shown on the Coast Guard documentation or state registration certificate.

Owner's Federal ID Number: If the owner is a corporation or partnership, print the Federal employer identification number.

Owner's Date of Birth/Date Corporation Formed: If the owner is an individual, print the date of birth. If the owner is a corporation or partnership, print the date (month/day/year) the corporation or partnership was formed.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Robert A. Sadler, National Marine Fisheries Service (F/SER1), 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. The following non-confidential information: Name, Street Address, City, State, Zipcode, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and Passenger Capacity in the case of a "for hire" vessel for individual, corporate and lease holders of permits will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

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

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS BRANCH, F/SER1
 263 13th Avenue South
 St. Petersburg, FL 33701
 727/824-5326 (8:00 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Check or Money Order Number	
Violation Date	
Violation Clear Date	
Non Compliance Hold Date	
Non Compliance Cleared Date	
Expiration Date(s)	

A COPY of your current (not expired) USCG Certificate of Documentation or, if the vessel is not documented, your state vessel registration must be on file or accompany this application. Do not send your original.

1. VESSEL INFORMATION

<p>OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>STATE REGISTRATION NUMBER (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>VESSEL NAME</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>HULL IDENTIFICATION or IMO NUMBER</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>HAILING PORT CITY</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>HAILING PORT COUNTY HAILING PORT STATE</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div>	<p>YEAR BUILT</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>LENGTH (FEET)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>TOTAL HORSEPOWER</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
<p>USCG DOCUMENTED VESSELS ONLY</p>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">GROSS TONS</td> <td style="width: 33%; text-align: center;">NET TONS</td> <td style="width: 33%; text-align: center;">HOLD CAPACITY (Pounds of Harvest)</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>				GROSS TONS	NET TONS	HOLD CAPACITY (Pounds of Harvest)			
GROSS TONS	NET TONS	HOLD CAPACITY (Pounds of Harvest)							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>HULL MATERIAL</p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p>FUEL TYPE</p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER _____</p> <p>TOTAL FUEL CAPACITY (GALLONS)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> <td style="width: 33%; vertical-align: top;"> <p>PRODUCT STORAGE (check all that apply)</p> <p><input type="checkbox"/> ICE</p> <p><input type="checkbox"/> FREEZER</p> <p><input type="checkbox"/> LIVE WELL</p> <p><input type="checkbox"/> OTHER _____</p> </td> </tr> </table>				<p>HULL MATERIAL</p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER _____</p>	<p>FUEL TYPE</p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER _____</p> <p>TOTAL FUEL CAPACITY (GALLONS)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>PRODUCT STORAGE (check all that apply)</p> <p><input type="checkbox"/> ICE</p> <p><input type="checkbox"/> FREEZER</p> <p><input type="checkbox"/> LIVE WELL</p> <p><input type="checkbox"/> OTHER _____</p>			
<p>HULL MATERIAL</p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER _____</p>	<p>FUEL TYPE</p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER _____</p> <p>TOTAL FUEL CAPACITY (GALLONS)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>PRODUCT STORAGE (check all that apply)</p> <p><input type="checkbox"/> ICE</p> <p><input type="checkbox"/> FREEZER</p> <p><input type="checkbox"/> LIVE WELL</p> <p><input type="checkbox"/> OTHER _____</p>							
<p>PASSENGER CAPACITY DATA FOR CHARTER/ HEADBOAT VESSELS</p> <p><input type="checkbox"/> UNINSPECTED VESSEL - "6-PACK"</p> <p><input type="checkbox"/> USCG INSPECTED VESSEL (Specify passenger Capacity as listed on the USCG Certificate of Inspection)</p> <div style="border: 1px solid black; width: 50px; height: 20px; float: right; margin-top: 5px;"></div>									
<p>This vessel is best described as:</p> <p><input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Charter <input type="checkbox"/> Headboat</p>									

2. PERMITS

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

OPEN ACCESS COMMERCIAL PERMITS

FISHERY	NEW	RENEWAL	DUPLICATE
COMMERCIAL ATLANTIC DOLPHIN/ WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC ROCK SHRIMP (RS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROYAL RED SHRIMP ENDORSEMENT TO GULF OF MEXICO SHRIMP (SPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO SHRIMP (SPG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPEN ACCESS CHARTER/HEADBOAT PERMITS

FISHERY	NEW	RENEWAL	DUPLICATE
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLANTIC CHARTER/ HEADBOAT FOR DOLPHIN/ WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIMITED ACCESS/MORATORIUM CHARTER/ HEADBOAT and COMMERCIAL PERMITS

FISHERY	TRANSFER	RENEWAL	DUPLICATE
GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (RCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (HRCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KING MACKEREL (KM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GILLNET FOR KING MACKEREL (GN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO REEF FISH (RR, RRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RED SNAPPER CLASS 1 LICENSE - 2000 POUND (L1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RED SNAPPER CLASS 2 LICENSE - 200 POUND (L2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC ROCK SHRIMP LIMITED ENTRY AREA ENDORSEMENT (RSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1, ST1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2, ST2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH DIRECTED (SFD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH HANDGEAR (SFH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH INCIDENTAL (SFI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHARK DIRECTED (SKD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHARK INCIDENTAL (SKI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. VESSEL OWNER AND LESSEE INFORMATION

Please copy this page as needed to provide information on all persons or businesses that own or lease the vessel listed in Section 1.

- 1) Please complete this section for each owner of the vessel as shown on the Coast Guard Documentation or, if not documented, on the state registration certificate. If the owner is a business or partnership, enter the Federal ID number and date the business was formed or partnership was filed. If the owner is an individual, enter the Social Security Number.
- 2) Complete the Additional Owner or Lessee section for a second joint owner if the vessel is owned by more than one owner, or if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. If you need more spaces, copy the blank form or provide the required information on a separate sheet of paper.
- 3) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information. Please only mark one box.
- 4) If the vessel is operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the vessel owner (as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee. If you need more spaces for additional lessees, copy the blank form or provide the required information on a separate sheet of paper.

Vessel Owner as shown on the USCG Certificate of Documentation,
or for undocumented vessels, the State Registration; and/or Vessel Lessee Information

This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input type="text"/> LEASE EXPIRATION DATE: <input type="text"/>							
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____							
<input type="checkbox"/> Mailing Recipient - Mark this box only if you want this entity to receive all mail concerning this permit.							
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal ID # or SSN #	Date of Birth/business filed	Area Code	Phone Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.							
<input type="checkbox"/> Commercial King Mackerel <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Spanish Mackerel <input type="checkbox"/> Reef Fish							

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

This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input type="text"/> LEASE EXPIRATION DATE: <input type="text"/>							
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____							
<input type="checkbox"/> Mailing Recipient - Mark this box only if you want this entity to receive all mail concerning this permit.							
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal ID # or SSN#	Date of Birth/business filed	Area Code	Phone Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.							
<input type="checkbox"/> Commercial King Mackerel <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Spanish Mackerel <input type="checkbox"/> Reef Fish							

4. OFFICER/SHAREHOLDER INFORMATION FOR ENTITIES THAT OWN OR LEASE THE VESSEL

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

1) Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to a vessel owner or lessee listed in section 3.

Owner or lessee of the vessel: Owner Lessee

Business name:

Federal Tax ID #:

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

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

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Check box if same as Mailing Address

SSN #	Date of Birth	Area Code	Phone Number
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.
 Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

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

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Check box if same as Mailing Address

SSN #	Date of Birth	Area Code	Phone Number
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.
 Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

5. HISTORICAL CAPTAIN, RED SNAPPER CLASS 1 LICENSE QUALIFIER, AND/OR OTHER INCOME QUALIFIERS

Please copy this page as needed to provide information on persons who are Historical Captains; Red Snapper Class 1 License Qualifiers; and Income Qualifiers/Operators who are not also a vessel owner or lessee, or related through business association to the vessel owner or lessee, as listed in Section 3 or Section 4 of this application.

Please complete this section of the application only if you are applying for:

- * A Gulf of Mexico Charter/Headboat permit with a Historical Captain provision,
- * A Red Snapper Class 1 License that you have leased from a Red Snapper Class 1 License qualifier, or
- * A King Mackerel, Spanish Mackerel, Reef Fish, or Commercial Spiny Lobster permit for which you have met the income qualification requirement by using the fishing income of an operator who is neither a vessel owner or lessee as listed in Section 3 of this application, nor is the operator an officer or a shareholder of a business that owns or leases the vessel, as listed in Section 4 of this application.

For all other applications, this page should be blank.

This entity is a (check all that apply):

- Historical Captain for Gulf of Mexico Charter/Headboat for Reef Fish
 Historical Captain for Gulf of Mexico Charter/headboat for Coastal Migratory Pelagic Fish
 Red Snapper Class 1 License Qualifier
 Income Qualifier for: (check all that apply) Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN #	Date of Birth	Area Code	Phone Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

This entity is a (check all that apply):

- Historical Captain for Gulf of Mexico Charter/Headboat for Reef Fish
 Historical Captain for Gulf of Mexico Charter/Headboat for Coastal Migratory Pelagic Fish
 Red Snapper Class 1 License Qualifier
 Income Qualifier for: (check all that apply) Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN #	Date of Birth	Area Code	Phone Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

6. REEF FISH TRAPS AND SNAPPER-GROUPER POTS

COMPLETE THIS SECTION ONLY IF YOU FISH WITH TRAPS OR POTS IN EITHER THE COMMERCIAL GULF OF MEXICO REEF FISH OR COMMERCIAL SOUTH ATLANTIC SNAPPER-GROUPER FISHERIES

Tag cost is \$1.30 per tag made payable by check or money order payable to Floy Tag, Inc.

If you have an existing buoy color code for ANY trap or pot fishery, list it here

Color Code

If you do not have an existing buoy color code for ANY trap or pot fishery, request your choice here (white is not an available color option).

Color Code

Trap/Pot Information

Gulf of Mexico (GOM) Number of Traps
 Size: L x W x H (in inches)
 Mesh size (in inches)

South Atlantic (SA) Number of Traps
 Size: L x W x H (in inches)
 Mesh size (in inches)



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 US Treasury. The fee required is \$50.00 for the first fishery and \$25.00 for each additional fishery requested with this application.

7. SIGNATURE

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). Further, the undersigned acknowledges that (1) if a shark permit is received, then shark fishing, catch and gear are subject to the shark regulations cited in 50 CFR 635.5, without regard to where such shark fishing occurs or where such shark and/or gear are possessed, taken or landed; and (2) 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 3, or an officer or shareholder of the lessee as listed in Section 4. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 3, or an officer or shareholder of the owner as listed in Section 4.

Applicant Signature	<input type="text"/>	Position in Company	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Operator Signature if required	<input type="text"/>		

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Jason Rueter, National Marine Fisheries Service, F/SER22, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA 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.

**FEDERAL PERMIT APPLICATION FOR VESSELS
FISHING IN THE EEZ FOR SHRIMP**

OMB Control No.: 0648-0205

Expiration Date: 10/31/06

U.S. DEPARTMENT OF COMMERCE
NOAA FISHERIES PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>



FOR OFFICE USE ONLY
Check/money order #:
Reviewer's Initials/Date:
Violation Date:
Violation Cleared Date:
Expiration Date:

VESSEL INSTRUCTIONS

1. In filling out the information below, most applicable vessel/gear information can be found on the U.S. Coast Guard Documentation or state registration for the vessel. A current copy of the Coast Guard Documentation or if not documented a current copy of the state registration must be provided.
2. The application fee is \$50 for the first permit, \$20 for each additional permit. A non-refundable check or money order made payable to the U. S. Treasury must accompany the application.
3. Please print legibly or type. An incomplete or illegible application will be returned.

PERMITS APPLIED FOR

- Gulf of Mexico Shrimp Permit Gulf of Mexico Royal Red Shrimp Endorsement to the Gulf of Mexico Shrimp Permit.
- South Atlantic Open Access Pinhead Shrimp Permit (does not include South Atlantic Rock Shrimp or South Atlantic Rock Shrimp Limited Entry area endorsement)

VESSEL AND GEAR INFORMATION

CG Doc or State Registration No.
(official number)

Vessel Name

Hull ID Number

Year Built

Length (ft)

Horsepower

Gross tons

Net tons

Fish Hold Capacity (tons; not pounds)

Hull Material

Fuel Type

Fuel Capacity
(gallons only)

Homeport City

Homeport State

How do you store your shrimp on board your vessel
(Freezer or Ice)

How do you harvest your shrimp?
(Shrimp Trawl or other type of harvesting gear)

VESSEL OWNER/LESSEE INSTRUCTIONS

1. Enter the information of the person shown as the **"owner"** on the vessel's Coast Guard Documentation or, if not documented, on the state registration certificate. If the person shown as the **"owner"** is a corporation or partnership, enter the Federal ID number and date the corporation was formed or partnership was filed. If the owner is an individual, enter the Social Security Number. If the vessel is corporately owned, a copy of the Active Articles of Incorporation (for new owners) and a copy of the most current annual business report must be submitted. An inactive corporation will not be issued a permit.

2. By placing an "X" in the Mailing Recipient block, this indicates who you select to receive the permit and all related information.

3. If the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the vessel owner (i.e., as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee, as well as a copy of current lease agreement with beginning and ending dates. If such lease or written management agreement exists, the lessee is the owner for the purposes of the permit. The lease must be signed by all parties.

<input type="checkbox"/> Mailing Recipient						
Relationship (owner or lessee): <input style="width: 100px;" type="text"/>			Check one <input type="checkbox"/> Individual <input type="checkbox"/> Business			
Last Name	First Name	Middle Name	Prefix Name	Suffix Name		
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
Mailing Address		City	State	County	Zip Code	Country
<input style="width: 200px;" type="text"/>		<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
Federal ID #	SSN	Date of Birth/Corp. filed	Phone	Lease Start Date	Lease Expiration Date	
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 120px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	

<input type="checkbox"/> Mailing Recipient						
Relationship (owner or lessee): <input style="width: 100px;" type="text"/>			Check on <input type="checkbox"/> Individual <input type="checkbox"/> Business			
Last Name	First Name	Middle Name	Prefix Name	Suffix Name		
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
Mailing Address		City	State	County	Zip Code	Country
<input style="width: 200px;" type="text"/>		<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
Federal ID #	SSN	Date of Birth/Corp. filed	Phone	Lease Start Date	Lease Expiration Date	
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 120px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	

SIGNATURE (The application must be signed and dated.)

The undersigned certifies that he/she meets all applicable requirements for the requested permit.

Owner's/Lessee's/Shareholder's Signature	Position (if owner/lessee is a business or partnership)	Date

Officer/Shareholder Information

Company name

Owner or lessee for vessel:

Business ID (Office use only):

Federal ID #

1. All individuals associated with the above-named company must be included in this application. Attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the corporation. Provide names, addresses, phone number, date of birth, and position held in corporation.

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Gulf of Mexico Shrimp Federal Permit Reporting Form

Permit Holder Name: _____ Federal Permit No. _____

Vessel Documentation Number (USCG or State issued number) _____

Vessel or Boat Name _____

Shrimp Landings Report:

Please report the total shrimp landings in pounds for the Year by Species and Condition (Head off or Head on) as it was landed in the Table provided:

Fishing Year January 1, 2006 through December 31, 2006

Species	Head off Pounds	Head on Pounds	Value
Brown	_____	_____	_____
Pink	_____	_____	_____
White	_____	_____	_____
Rock	_____	_____	_____
Seabobs	_____	_____	_____
Royal Reds	_____	_____	_____
Other	_____	_____	_____

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 Jason Rueter, National Marine Fisheries Service, 263 13th Avenue South, St. Petersburg, Florida 33701. This reporting is required under and is authorized under 50 CFR 622.5(a)(5)(i). 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.

Basis of Eligibility for the Gulf of Mexico Shrimp Moratorium

This form is to accompany the "Federal Permit Application for Vessels Fishing in the Gulf of Mexico and/or South Atlantic EEZ for Shrimp" for applicants applying for the initial issuance of Gulf of Mexico Shrimp moratorium permits.

I am eligible for the Gulf of Mexico moratorium Shrimp Permit because:

- 1 The vessel I own (listed in Section 1 of the accompanying application) was issued an open access Gulf of Mexico Shrimp Permit on or before December 6, 2003.

OR

- 2 I owned a vessel that was issued an open access Gulf of Mexico Shrimp Permit on or before December 6, 2003, and prior to [insert date of final rule publication] I owned a different vessel which (1) was issued an open access Gulf of Mexico Shrimp Permit, (2) is/was equipped for offshore shrimp fishing, and (3) is at least 5 net tons and is Coast Guard documented, and (4) is the same vessel for which the commercial vessel moratorium permit is being applied (as listed in Section 1 of the accompanying application). Complete parts A and B below.

- A) Provide the Coast Guard documentation number or the state registration number for the vessel that you owned or leased on or before December 6, 2003 which was issued an open access Gulf of Mexico Shrimp Permit on or before December 6, 2003.

- B) Which of the following gear is aboard the vessel for which you are applying for a Gulf shrimp moratorium permit now (as listed in Section 1 of the accompanying application) ? Check all that apply:

- Otter Trawl Skimmer Net Wing Net Beam Trawl Roller Frame
 Butterfly Net Cast Net

Note

An applicant who believes he/she meets either permit eligibility criteria based on ownership of a vessel or vessels under a different name, e.g., as may have occurred when ownership has changed from individual to corporate or vice versa, must document his/her continuity of ownership.

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS BRANCH, F/SER1
 263 13th Avenue South
 St. Petersburg, FL 33701
 727/824-5326 (8 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov

**FEDERAL PERMIT APPLICATION
 FOR VESSELS FISHING IN THE
 EXCLUSIVE ECONOMIC ZONE
 (EEZ) FOR GOLDEN CRAB**

OMB Control No.: 0648-0205; Expiration Date: 10/31/2006

Check or Money Order Number:	
Reviewer Initials and Date	
Violation Date:	
Violation Clear Date:	
Non Reporting Hold Date	
Non Reporting Cleared Date	
Expiration Date:	

Articles of Inc. on file? YES NO

FOR OFFICE USE ONLY

1. A COPY of your current (not expired) USCG Certificate of Documentation or if the vessel is not documented then your state vessel registration is REQUIRED with the application. Do not send your original. The application fee is \$40 for the golden crab fishery and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application

VESSEL INFORMATION

USCG DOCUMENT NUMBER or STATE REGISTRATION NUMBER	VESSEL NAME	
<input type="text"/>	<input type="text"/>	
HULL IDENTIFICATION or IMO NUMBER	YEAR BUILT	LENGTH (FEET)
<input type="text"/>	<input type="text"/>	<input type="text"/>
USCG DOCUMENTED VESSEL INFORMATION		
GROSS TONS	NET TONS	HOLD CAPACITY (TONS)
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PORT CITY (WHERE YOU NORMALLY TIE UP)	TOTAL HORSEPOWER	
<input type="text"/>	<input type="text"/>	
HOME PORT STATE	HULL MATERIAL	TOTAL FUEL CAPACITY (GALLONS)
<input type="text"/>	<input type="checkbox"/> FIBERGLASS	<input type="text"/>
	<input type="checkbox"/> STEEL	
	<input type="checkbox"/> WOOD	
	<input type="checkbox"/> CEMENT	
	<input type="checkbox"/> OTHER	

2. VESSEL OWNER - AS SHOWN ON THE USCG DOCUMENTATION OR STATE REGISTRATION. IF VESSEL IS OWNED BY A BUSINESS, SHOW THE BUSINESS NAME AND ADDRESS. IF THE VESSEL IS OWNED BY JOINT OWNERS, LIST THE FIRST JOINT OWNER. OTHER JOINT OWNERS OR THE BUSINESS OFFICERS MUST BE LISTED ON PAGE 2 OF THE APPLICATION OR ON A SEPERATE SHEET OF PAPER.

VESSEL IS OWNED BY: INDIVIDUAL or JOINT OWNERSHIP BUSINESS

LAST NAME OR NAME OF BUSINESS		FIRST NAME	
<input type="text"/>		<input type="text"/>	
MIDDLE NAME	Suffix (Sr., Jr. II, etc)	DATE OF BIRTH OR DATE BUSINESS FILED WITH YOUR STATE	
<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH/DAY/YEAR	
MAILING ADDRESS	CITY	STATE	COUNTY ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEDERAL ID NUMBER (FEIN) if a Company Owns Vessel		SOCIAL SEC. NUMBER if person(s) own vessel	
<input type="text"/>		OR <input type="text"/>	

3. LEASE INFORMATION : THIS INFORMATION IS ONLY REQUIRED IF THE PERMIT OWNER LEASES THE VESSEL FROM THE VESSEL OWNER

INDIVIDUAL PERMIT OWNER BUSINESS PERMIT OWNER

LAST NAME OR NAME OF CORPORATION/BUSINESS		FIRST NAME			
<input type="text"/>		<input type="text"/>			
MIDDLE NAME	Suffix (Sr., Jr. II, etc)	DATE OF BIRTH OR DATE BUSINESS FILED WITH YOUR STATE			
<input type="text"/>	<input type="text"/>	<input type="text"/>	MONTH/DAY/YEAR		
MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEDERAL ID NUMBER(FEIN)	SOCIAL SECURITY NUMBER	DATE LEASE STARTS (MM/DD/YY)		DATE LEASE EXPIRES (MM/DD/YY)	
<input type="text"/>	OR <input type="text"/>	<input type="text"/>		<input type="text"/>	

4. BUSINESS OFFICER INFORMATION IS REQUIRED FOR PERMITS AND/OR VESSELS OWNED BY BUSINESSES. USE A SEPERATE SHEET OF PAPER TO LIST ADDITIONAL OFFICERS AND SHARE HOLDERS IF NEEDED.

BUSINESS OFFICER #1 POSITION IN COMPANY

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>

BUSINESS OFFICER #2 POSITION IN COMPANY

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>

5. DESIGNATED FISHING ZONE

NORTHERN ZONE - South Atlantic EEZ MIDDLE ZONE - South Atlantic EEZ SOUTHERN ZONE - South Atlantic EEZ

North of 28 degrees North latitude to the North Carolina/Virginia Border. From 25 degrees North latitude to 28 Degrees North latitude South of 25 degrees North latitude.

6. TRAP INFORMATION

If you have an existing buoy color code for ANY trap or pot fishery, list it here Color Code

If you do not have an existing buoy color code for ANY trap or pot fishery, request your choice here (white is not an acceptable choice) Color Code

Trap/Pot Information Size: L x W x H in inches Number of Traps

7. PREDOMINANT GEAR and FISHERIES

List by letter up to 4 kinds of fish this vessel SELLS. 1 as most frequently sold, 4 as least frequently sold.

- | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|----------------------|
| 1. <input type="text"/> | 2. <input type="text"/> | 3. <input type="text"/> | 4. <input type="text"/> | | |
| A. Golden Crab | B. King Mackeral | C. Reef Fish | D. Shark | E. Swordfish/Tuna | |
| F. Spiny Libster | G. Shrimp | H. Spanish Mackeral | I. Stone Crab | J. Other (specify) | <input type="text"/> |

11. SIGNATURE

The undersigned certifies that he/she: (1) meets any applicable requirement for a permit, as shown on the attached instructions.

Applicant Signature	<input type="text"/>	Position in Company	<input type="text"/>
Print Name	<input type="text"/>	Date	<input type="text"/>

GENERAL INFORMATION ON THE SOUTH ATLANTIC GOLDEN CRAB FISHERY

The South Atlantic EEZ is divided into three fishing zones as follows: (i) northern zone; (ii) middle zone; and (iii) southern zone. Permits have been issued for a single zone. **Effective May 3, 2002, through May 3, 2005**, a vessel with a documented overall length greater than 65 ft with a southern zone permit may fish in that zone (except in the subzone – see below), **and may also fish in the northern zone without changes to the vessel permit; such vessel may discontinue fishing in the northern zone and return to fish in the southern zone without changes to the vessel permit.** A vessel with a permit to fish for golden crab in the northern zone or the middle zone will continue to be authorized to fish only in that zone. A vessel may possess golden crab only in a zone in which it is authorized to fish under this measure, except that other zones may be transited if the vessel notifies NMFS, Office of Enforcement, Southeast Region, St. Petersburg, FL, by telephone (727-824-5344) in advance of the fishing trip.

The historical (5,000-lb.) catch requirement for renewing a commercial vessel permit for golden crab is no longer in effect.

Renewal of your vessel's golden crab permit is automatic (without application) every other year for a vessel owner who has met the specific requirements for the requested permit; who has submitted all reports required under the Magnuson-Stevens Act; and who is not subject to a sanction or denial. **During the year 2002 and subsequent years when an application is required, a commercial vessel permit will not be renewed if the permit is revoked or if NMFS does not receive the required application for renewal by June 30 of that year (i.e., within six months after the permit's expiration date of December 31 each year).** During the year 2003 and subsequent years when an application is not required, a commercial vessel permit will not be automatically renewed if the permit is revoked (i.e., subject to a sanction or denial). Your permit's expiration date is shown on the permit.

To obtain a permit for the middle or southern zone via transfer, the documented length overall of the replacement vessel may not exceed the documented overall length, or aggregate documented overall lengths, of the replaced vessel(s) by more than 20 percent. The owner of a vessel permitted for the middle or southern zone who has requested that NMFS transfer that permit to a smaller vessel (i.e., downsized) may subsequently request NMFS transfer that permit to a vessel of a length calculated from the length of the permitted vessel immediately prior to downsizing. **There are no vessel size limitations to obtain a permit for the northern zone via transfer.**

Effective through June 3, 2005, upon request, NMFS will change a vessel permit back to the southern zone for an owner of a vessel, or the subsequent owner of a vessel, whose permit was changed from the southern zone to the northern zone provided that the documented length overall of the vessel to be used in the southern zone is not more than 20 percent greater than the vessel whose permit was originally changed from the southern zone to the northern zone.

A small-vessel sub-zone is established within the southern zone bounded on the north by 24°15' N. lat., on the south by 24°07' N. lat., on the east by 81°22' W. long., and on the west by 81°56' W. long. No vessel with a documented length overall greater than 65 ft may fish for golden crab in this sub-zone. A vessel with a documented length overall of 65 ft or less that is permitted for the southern zone may fish for golden crab only in this sub-zone.

INSTRUCTIONS (Incomplete or illegible applications will be returned.)

1. Blocks in Sections 1, 2, 5, and 8 must be completed or application will be returned. All other sections must be completed, if applicable.
2. The application fee is **\$40 for the golden crab fishery** and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application.
3. Mail the application, **copy of current Coast Guard Certificate of Documentation/state registration (must be provided with every application, even if state registration has a multiple year expiration date)**, check(s)/money order(s), if vessel is owned by a corporation, must provide a copy of ACTIVE Articles of Incorporation to: **NMFS (F/SER1), 263 13TH AVENUE SOUTH, ST. PETERSBURG, FL 33701**. Questions may be phoned to Robert Sadler, 727/824-5326 between 8am - 4:30pm EST. If you would like your permit and associated documents returned to you via overnight mail, enclose a **FEDERAL EXPRESS** air bill, complete with your delivery address, telephone number, and your FEDEX account number or credit card number with expiration date. If owner/qualifier is an individual, enter the Social Security number (taxpayer ID information). If the person shown as the "**owner**" is a corporation or partnership, enter the Federal Tax ID number (taxpayer ID information).

In accordance with Federal regulations, any change in your permit information must be reported to the NMFS Regional Administrator within 30 days of the change.

SECTION 1 Enter name, official number, and length of vessel as they appear on the Coast Guard documentation or, if not documented, on the state registration certificate. Under "Home Port", enter the city and state where the vessel is customarily kept, not necessarily the home port on a certificate of documentation.

SECTION 2 Enter the information of the person shown as the "**owner/qualifier**" from the Coast Guard documentation or, if not documented, from the state registration certificate, if more than one owner, please list additional owners in space provided for 2nd or 3rd owners and if additional space is needed, please attach additional sheet of paper. If owner/qualifier is an individual, enter the Social Security number. If the person shown as the "**owner**" is a corporation or partnership, enter the Federal ID number and date the corporation/partnership was formed. If a corporate owned vessel, submit ACTIVE Articles of Incorporation along with a copy of the company's most recent annual report (as filed with the Secretary of State in which the company id registered). If corporations are in an INACTIVE status, permits will not be issued.

SECTION 3 Complete this section only when the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the person shown in Section 2. Enter the date of expiration of the lease or written management agreement. If such lease or written management agreement exists, the controlling person is the owner for the purposes of the permit. Provide a copy of the signed (both parties) and dated lease agreement. We recommend that the lease agreement end at the end of a month.

SECTION 4 Complete this section if vessel is corporate or partnership owned.

SECTION 5 Select only one fishing zone in which you fish.

SECTION 6 Complete this section only if you fish with traps/pots in the golden crab fishery off the southern Atlantic states. A **separate check or money order for trap/pot tags (\$1.30 per tag) payable to FLOY TAG is required only if you wish to purchase trap tags**. Tags will be mailed directly to you from Floy Tag and will not accompany the permit package.

SECTION 7 The information in this section is a data collection requirement, please complete.

SECTION 8 The application must be signed by the vessel owner.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Permits Branch, National Marine Fisheries Service, F/SER21, 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 for informational purposes. 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.

INCOME QUALIFICATION AFFIDAVIT

The following excerpts from the US Code of Federal Regulations describe income qualification requirements for Gulf of Mexico reef fish, king mackerel, Spanish mackerel, and commercial spiny lobster permits. Additional regulations may apply.

King Mackerel

50CFR622.4(a)(iii) To obtain or renew a commercial vessel permit for king mackerel, at least 25 percent of the applicant's earned income, or at least \$10,000, must have been derived from commercial fishing (i.e., harvest and first sale of fish) or from charter fishing during one of the 3 calendar years preceding the application.

Spanish Mackerel

50CFR622.4(a)(iv) To obtain or renew a commercial vessel permit for Spanish mackerel, at least 25 percent of the applicant's earned income, or at least \$10,000, must have been derived from commercial fishing (i.e., harvest and first sale of fish) or from charter fishing during one of the 3 calendar years preceding the application.

Gulf Reef Fish

50CFR622.4(a)(v) To obtain or renew a commercial vessel permit for Gulf reef fish, more than 50 percent of the applicant's earned income must have been derived from commercial fishing (i.e., harvest and first sale of fish) or from charter fishing during either of the 2 calendar years preceding the application.

Spiny Lobster

50CFR640.4(A)(2) 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.

The following information applies to my income qualification for the following fisheries:

Commercial Spiny Lobster Gulf of Mexico Reef Fish King Mackerel Spanish Mackerel

I, _____, hereby declare under penalty of perjury that the foregoing information is true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621; 18 U.S.C. § 1001). 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)

APPLICATION FOR FEDERAL PERMIT FOR THE HARVEST OF AQUACULTURED LIVE ROCK



- New Application \$175.00
- Renewal Application \$31.00

All Information is REQUIRED. Incomplete or unreadable applications will be returned.

Check or Money Order Number:	
Reviewer Initials and Date	
Violation Date:	
Violation Clear Date:	
New Expiration Date:	
Articles of Inc. on file?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERMIT NUMBER	
SITE NUMBER	
FOR OFFICE USE ONLY	

1. APPLICANT (PERMIT OWNER) INFORMATION

PERMIT IS OWNED BY: Individual or Partnership Business

LAST NAME OR NAME OF BUSINESS		FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)	
MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	DATE OF BIRTH	OR DATE BUSINESS FORMED
				MONTH	DAY
				YEAR	
FEDERAL ID NUMBER (FEIN) if a Company Owns Permit		OR	SOCIAL SEC. NUMBER if person(s) own Permit		

2. SITE INFORMATION

SITE NUMBER (AS ASSIGNED BY NMFS) Leave blank if this is a new site, use the NMFS assigned site number if a new permit owner will harvest an established site

Site Size and Position Information Note ALL Aquaculture sites are circles with a radius not to exceed 117.75 feet (0.019 NM). The total acreage of ALL sites maintained by a single permit owner must not exceed 1.0 acres.

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

Center Point Latitude Radius (in feet, not to exceed 117.75 feet)

Center Point Longitude

Method of determining Latitude and Longitude

- GPS DGPS LORAN TDs converted by manual plotting or electronics Other _____

State the site is located in: Minimum Depth of water (in feet) to be allowed over the site at mean low water:

3. VESSEL INFORMATION (all information is required)

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

VESSEL 1

USCG Document Number (State Number if not documented)	Vessel Name	Length (feet)
Homeport City	Homeport State	Port of Landing City
		Port of Landing State
Total Horsepower	Hold Capacity (tons)	Live Well Capacity (gallons)

VESSEL 1 OWNER INFORMATION

LAST NAME OR NAME OF BUSINESS	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
MAILING ADDRESS	CITY	STATE	COUNTY
			ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER
			DATE OF BIRTH <input type="checkbox"/> OR DATE BUSINESS FORMED <input type="checkbox"/>
			MONTH DAY YEAR
FEDERAL ID NUMBER (FEIN) if a business owns the vessel	OR	SOCIAL SEC. NUMBER if person(s) owns the vessel	

VESSEL 2

USCG Document Number (State Number if not documented)	Vessel Name	Length (feet)
Homeport City	Homeport State	Port of Landing City
		Port of Landing State
Total Horsepower	Hold Capacity (tons)	Live Well Capacity (gallons)

VESSEL 2 OWNER INFORMATION

LAST NAME OR NAME OF BUSINESS	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
MAILING ADDRESS	CITY	STATE	COUNTY
			ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER
			DATE OF BIRTH <input type="checkbox"/> OR DATE BUSINESS FORMED <input type="checkbox"/>
			MONTH DAY YEAR
FEDERAL ID NUMBER (FEIN) if a business owns the vessel	OR	SOCIAL SEC. NUMBER if person(s) owns the vessel	

4. BUSINESS OFFICER INFORMATION IS REQUIRED FOR PERMITS OWNED BY COMPANIES/BUSINESSES OR PARTNERS. FOR ADDITIONAL PERSONS, PHOTOCOPY THIS PAGE OR USE A SEPERATE SHEET OF PAPER IF NEEDED.

OFFICER OR PARTNER #1				POSITION IN COMPANY			
LAST NAME				FIRST NAME			
MIDDLE NAME		Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			CITY		STATE	COUNTY	ZIP CODE
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER		HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER

OFFICER OR PARTNER #2				POSITION IN COMPANY			
LAST NAME				FIRST NAME			
MIDDLE NAME		Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			CITY		STATE	COUNTY	ZIP CODE
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER		HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER

OFFICER OR PARTNER #3				POSITION IN COMPANY			
LAST NAME				FIRST NAME			
MIDDLE NAME		Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			CITY		STATE	COUNTY	ZIP CODE
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER		HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER

APPLICANT SIGNATURE

Applicant Signature		Date Signed
Printed Name		Position in Company

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Carolyn Sramek, National Marine Fisheries Service, F/SER1, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

AQUACULTURE SITE EVALUATION REPORT



FOR OFFICE USE ONLY	
SITE NUMBER	<input type="text"/>
PERMIT NUMBER	<input type="text"/>
Reviewer Initials and Date	<input type="text"/>

INSTRUCTIONS: Provide the information required on the evaluation form- ALL BLANKS MUST BE FILLED IN. Additional sheets or presentations may be used, however all information must be provided on this form. Latitude and Longitude must be provided in the following format: degrees and minutes to the third decimal place (24-56.789N 081-23.456W). When providing a copy of a portion of a nautical chart showing the location of the site, ensure that the chart number, title and edition used are included. Use a chart large enough in scale to show sufficient detail and allow for site location and inspection. No site, or group of sites maintained by a single owner may exceed (individually or together) a total of 1 acre (43,560 square feet). All sites are to be a circle with a radius not to exceed 0.019 NM (117.75 feet); or a one acre area.

Site Evaluation prepared for (Aquaculture applicant name)

Section 1. Site Size and Position Information. Note ALL Aquaculture sites are circles with a radius not to exceed 117.75 feet (0.019 NM). The total acreage of ALL sites maintained by a single permit owner must not exceed 1.0 acres.

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

Center Point Latitude
Center Point Longitude

Method of determining Latitude and Longitude

- GPS DGPS LORAN TDs converted by manual plotting electronics Other _____

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

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

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

5. SIGNATURE

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

GENERAL INSTRUCTIONS 1. A site evaluation report must be submitted by the applicant to Carolyn Sramek, Permit Branch, Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701. The report, which may include videotapes of underwater surveys, shall be prepared by an independent source pursuant to generally accepted industry standards and shall demonstrate that the proposed site:

- a. Is not a hazard to safe navigation or a hinderance to vessel traffic; and
 - b. Avoids traditional fishing operations, or other public access; and
 - c. Avoids impacts to naturally occurring hard bottom habitat and submerged aquatic vegetation; and
 - d. Contains natural underlying substrata that is primarily hard packed sand, hard shell hash, or rock covered by sand not more than 6 inches deep.
2. The applicant shall identify the site on a nautical chart in sufficient detail to allow for site inspection, and shall provide accurate coordinates so that the site can be located by Differential Global Positioning System (DGPS) equipment. Site inspection may be required on a case by case basis.
3. Sites which individually or cumulatively total more than one acre will not be authorized.
4. If applicant is an individual enter the Social Security number. If applicant is a corporation or partnership, enter the Federal Tax ID number.
5. A site evaluation report must be done for each application. You may include additional information in seperate sources, but the information must be provided on this form. Fields 1,2,3 and 4 on this form shall not refer to another source for information.
6. A sample of the rocks to be deposited must accompany each Site Evaluation report.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to National Marine Fisheries Service, F/SER1, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

AQUACULTURED LIVE ROCK REPORT



Date Entered and
 Initials

FOR OFFICE USE ONLY

1. PERMIT OWNER INFORMATION

LAST NAME OR NAME OF BUSINESS				FIRST NAME		MIDDLE NAME		Suffix (Sr., Jr. II, etc)		
MAILING ADDRESS					CITY		STATE		ZIPCODE	
BUSINESS TELEPHONE NUMBER		AREA CODE/TELEPHONE NUMBER			HOME TELEPHONE NUMBER		AREA CODE/TELEPHONE NUMBER			
FEDERAL ID NUMBER (FEIN) if a Company Owns Permit					OR		SOCIAL SEC. NUMBER if person(s) own Permit			

2. DEPOSIT INFORMATION

NAME OF SOURCE OF DEPOSITED MATERIAL							
MAILING ADDRESS		CITY		STATE		ZIPCODE	
GEOGRAPHIC ORIGIN OF DEPOSITED MATERIAL							
PERMIT NUMBER				Size in Inches; i.e 12 x 12			
Deposit Date MM/DD/YYYY				Pounds Deposited			

Using the reverse of the form, sketch a diagram showing actual configurations and locations of deposited materials, the distance from existing hard bottom habitat, submerged aquatic vegetation and the height of material deposited.

3. HARVEST INFORMATION - if landed outside Florida

Harvest Date MM/DD/YYYY		Pounds Harvested	
Unit Price		Total Dollar Value	

NAME OF DEALER				FEDERAL ID NUMBER (FEIN) of the Dealer			
MAILING ADDRESS			CITY		STATE		ZIPCODE

4. SIGNATURE

Signature of Reporting Permit Holder		Date Signed	
Printed Name		Position in Company	

Form 34–82 is used in checking for respondents' compliance with program requirements and for inconsistencies in their reporting to NOAA and the Internal Revenue Service of program-related adjustments to their income. The deposit and withdrawal information is also required, by statute, to be annually reported to the Secretary of Treasury.

Affected Public: Business or other for-profit organizations.

Frequency: Annually.

Respondent's Obligation: Mandatory.

OMB Desk Officer: David Rostker, (202) 395–3897.

Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202) 482–0266, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dHynek@doc.gov).

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to David Rostker, OMB Desk Officer, FAX number (202) 395–7285, or David_Rostker@omb.eop.gov.

Dated: April 18, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6–6041 Filed 4–21–06; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

Submission for OMB Review; Comment Request

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).

Agency: U.S. Census Bureau.

Title: Survey of Housing Starts, Sales, and Completions.

Form Number(s): SOC–Q1/SF.1; SOC–Q1/MF.1.

Agency Approval Number: 0607–0110.

Type of Request: Extension of a currently approved collection.

Burden: 14,688 hours.

Number of Respondents: 28,200.

Avg Hours Per Response: 5 minutes.

Needs and Uses: The U.S. Census Bureau is requesting an extension of the currently approved collection for the Survey of Housing Starts, Sales, and Completions, otherwise known as the Survey of Construction (SOC). Government agencies and private

companies use statistics from SOC to monitor and evaluate the large and dynamic housing construction industry. Data for two principal economic indicators are produced from the SOC: New Residential Construction (housing starts and housing completions) and New Residential Sales. In addition, a number of other statistical series are produced, including extensive information on the physical characteristics of new residential buildings, and indexes measuring rates of inflation in the price of new buildings. These statistics are based on a sample of residential buildings in permit-issuing places and a road canvass in a sample of land areas not covered by building permit systems.

The field representatives (FRs) mail forms SOC–Q1/SF.1 and SOC–Q1/MF.1 to the respondents to complete. A few days later, the FRs either call or visit the respondents to enter their survey responses into a laptop computer using the Computer Assisted Personal Interviewing (CAPI) software formatted for the SOC–Q1/SF.1 and SOC–Q1/MF.1 forms. The respondents are homebuilders, real estate agents, rental agents, or new homeowners of sampled residential buildings. FR's contact respondents multiple times based on the number of projects in the sample and the number of months required to complete the project. Approximately 28,200 new buildings are added to our sample each year. A total of 176,250 responses are collected annually from all respondents. The Census Bureau uses the information collected in the SOC to publish estimates of the number of new residential housing units started, under construction, completed, and the number of new houses sold and for sale. The Census Bureau also publishes many financial and physical characteristics of new housing units. Government agencies use these statistics to evaluate economic policy, measure progress towards the national housing goal, make policy decisions, and formulate legislation. For example, the Board of Governors of the Federal Reserve System uses data from this survey to evaluate the effect of interest rates in this interest-rate sensitive area of the economy. The Bureau of Economic Analysis uses the data in developing the Gross Domestic Product (GDP). The private sector uses the information for estimating the demand for building materials and the many products used in new housing and to schedule production, distribution, and sales efforts. The financial community uses the data to estimate the demand for

short-term (construction loans) and long-term (mortgages) borrowing.

Affected Public: Business or other for-profit, Individuals or households.

Frequency: Monthly.

Respondent's Obligation: Voluntary.

Legal Authority: Title 13 U.S.C. 182.

OMB Desk Officer: Susan Schechter, (202) 395–5103.

Copies of the above information collection proposal can be obtained by calling or writing Diana Hynek, Departmental Paperwork Clearance Officer, (202)482–0266, Department of Commerce, room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dhynek@doc.gov). Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to Susan Schechter, OMB Desk Officer either by fax (202–395–7245) or e-mail (susan_schechter@omb.eop.gov).

Dated: April 18, 2006.

Madeleine Clayton,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6–6042 Filed 4–21–06; 8:45 am]

BILLING CODE 3510–07–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Southeast Region Permit Family of Forms

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

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 of 1995.

DATES: Written comments must be submitted on or before June 23, 2006.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Jason Rueter, (727) 824–5350 or jason.rueter@noaa.gov.

SUPPLEMENTARY INFORMATION:**I. Abstract**

National Marine Fisheries Service (NMFS) Southeast Region manages the U.S. fisheries of the Exclusive Economic Zone (EEZ) off the South Atlantic, Caribbean, and Gulf of Mexico under the Fishery Management Plans (FMP) for each Region. The Regional Fishery Management Councils prepared the FMPs pursuant to the Magnuson-Stevens Fishery Conservation and Management Act. The regulations implementing the FMPs are at 50 CFR part 622.

The recordkeeping and reporting requirements at 50 CFR part 622 form the basis for this collection of information. 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 fisheries of the EEZ off the South Atlantic, Caribbean, and Gulf of Mexico.

II. Method of Collection

Paper applications, electronic reports, and telephone calls are required from participants, and methods of submittal include Internet and facsimile transmission of paper forms.

III. Data

OMB Number: 0648-0205.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Business or other for-profit organizations.

Estimated Number of Respondents: 16,820.

Estimated Time per Response: 1 hour and 24 minutes.

Estimated Total Annual Burden Hours: 24,121.

Estimated Total Annual Cost to Public: \$2,887,000.

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: April 18, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6-6043 Filed 4-21-06; 8:45 am]

BILLING CODE 3510-22-P

DEPARTMENT OF COMMERCE**Census Bureau**

2007 Economic Census Covering the Information; Professional, Scientific, and Technical Services; Management of Companies and Enterprises; Administrative and Support and Waste Management and Remediation Services; Educational Services; Health Care and Social Assistance; Arts, Entertainment, and Recreation; and Other Services (Except Public Administration) Sectors

ACTION: Proposed collection; comment request.

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 of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before June 23, 2006.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at DHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Jack Moody, U.S. Census Bureau, Room 2784, Building 3, Washington, DC 20233-0001 on (301) 763-5181 or via the Internet at jmoody@census.gov.

SUPPLEMENTARY INFORMATION:**I. Abstract**

The economic census, conducted under the authority of Title 13, United States Code (U.S.C.), is the primary source of facts about the structure and functioning of the Nation's economy.

Economic statistics serve as part of the framework for the national accounts and provide essential information for government, business, and the general public. Economic data are the Census Bureau's primary program commitment during nondecennial census years. The 2007 Economic Census covering the Information; Professional, Scientific, and Technical Services; Management of Companies and Enterprises; Administrative and Support and Waste Management and Remediation Services; Educational Services; Health Care and Social Assistance; Arts, Entertainment, and Recreation; and Other Services (Except Public Administration) sectors (as defined by the North American Industry Classification System (NAICS)) will measure the economic activity of 2.9 million establishments. The information collected will produce basic statistics by kind of business on the number of establishments, receipts/revenue, expenses, payroll, and employment. It will also yield a variety of subject statistics, including receipts/revenue by product line, receipts/revenue by class of customer, and other industry-specific measures. Primary strategies for reducing burden in Census Bureau economic data collections are to increase reporting through standardized questionnaires and broader electronic data collection methods.

II. Method of Collection*Mail Selection Procedures*

Establishments for the mail canvass will be selected from the Census Bureau's Business Register. To be eligible for selection, an establishment will be required to satisfy the following conditions: (i) It must be classified in the information; professional, scientific, and technical services; management of companies and enterprises; administrative and support and waste management and remediation services; educational services; health care and social assistance; arts, entertainment, and recreation; or other services (except public administration) sector; (ii) it must be an active operating establishment of a multi-establishment firm (*i.e.*, a firm that operates at more than one physical location), or it must be a single-establishment firm with payroll (*i.e.*, a firm that operates at only one physical location); and (iii) it must be located in one of the 50 states or the District of Columbia. Mail selection procedures will distinguish the following groups of establishments: