


<p><b>Application for a FEDERAL CRAB VESSEL PERMIT</b></p>	<p><b>U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668</b></p> 
--	--

Notes:

- All vessels participating in the Bering Sea/Aleutian Island crab rationalization fisheries must have a valid Federal Crab Vessel Permit on board at all times. This Application is to be used to obtain and/or to amend the Permit. Permits are annual, issued for a crab fishing year (July 1 through June 30).
- Only U.S. Citizens are authorized to receive or to hold a Federal Crab Vessel Permit.
- NMFS will not process this application if the applicant has not submitted required Economic Data Collection information and any required fees.

***BLOCK A – NATURE OF APPLICATION***

Indicate whether this application is:

A request for a new Permit [ ]

A renewal of an existing Permit [ ] – Permit Number: \_\_\_\_\_

An amendment to an existing Permit [ ] – Permit Number: \_\_\_\_\_

If the application is for a new Permit (or amends an existing permit by changing the owner(s), include a copy of the *U.S. Coast Guard Abstract of Title* or the *Certificate of Documentation* pertaining to the vessel.

If the application is to renew or amend an existing Permit, include the current Federal Crab Vessel Permit Number.

***BLOCK B – VESSEL INFORMATION***

1. Name of Vessel:	2. Home Port (city and state):	3. ADF&G Processor Code (if any):
4. Is the Vessel a “Vessel of the United States”? Yes [ ] No [ ]	5. USCG Documentation Number:	6. ADF&G Vessel Registration Number:
7. Length Overall (LOA) _____ Ft. Registered Length: _____ Ft.	8. Gross Tonnage: _____ Net Tonnage: _____	9. Shaft Horsepower:
10. Type of Vessel Operation; indicate below the type(s) of crab operation(s) for which the vessel may be used during the crab fishing year:		
Catcher Vessel [ ]	Catcher-Processor [ ]	Stationary Floating Crab Processor [ ]

**BLOCK C – CONTACT OWNER INFORMATION**

1. Contact Owner's Name:

2. Contact Owner's Permanent Business Address:

3. Contact Owner's Temporary Business Address (if any):

4. Business Telephone Number:

5. Business Fax Number:

6. Business E-Mail Address:

7. Name of Managing Company (if any):

**BLOCK C<sub>1</sub> – ADDITIONAL OWNER INFORMATION**

*Complete for each Vessel Owner - (Duplicate as necessary to provide information on all owners)*

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

**BLOCK D – DESIGNATED REPRESENTATIVE FOR EDR**

The owner of a vessel that participates in any of the BSAI Crab Rationalization fisheries is responsible for submitting a crab “Economic Data Report” (EDR) to the NMFS-authorized data collection agent. In the space below, please provide the name and contact information of the individual who is responsible for insuring that the EDR is completed and timely submitted. The EDR forms will be sent to the address of the Designated Representative set out below. If the Designated Representative changes, the owner must provide NMFS with the name and contact information for the new Designated Representative within 30 days of the change.

1. Name of Designated Representative for EDR:

2. Designated Representative’s Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

**BLOCK E – CERTIFICATION**

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

Signature of Applicant or Applicant’s Representative:

Date Signed:

Printed Name of Applicant or Applicant’s Representative:

(Note: If this is completed by the Applicant’s Representative, attach authorization)

---

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 0.35 hours 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA Fisheries Service (NMFS), P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

---

Application for a  
FEDERAL CRAB VESSEL PERMIT

- Any vessel participating in the Bering Sea/Aleutian Islands Management Area (BSAI) crab rationalization fisheries (CR fisheries) in any way (i.e., as a catcher vessel, catcher/processor, or a stationary floating processor) must have on board a valid Federal Crab Vessel Permit (FCVP). FCVPs are annual, issued for a crab fishing year (July 1 through June 30).
- Additionally, vessels that participate in any of the CR fisheries are required to have on board, and to use, a Vessel Monitoring System (VMS), while the CR fisheries are open, regardless of where the vessel is fishing (including State of Alaska waters) or for what the vessel is fishing.
- The owner of a vessel that participates in the CR fisheries has certain obligations to provide Economic Data Reports (EDRs) to the NMFS-authorized Data Collection Agent (DCA). The DCA will provide the owner (or the owner's designee) with the necessary EDR collection forms. If the person responsible for filing the EDRs is replaced, the owner must provide the name and the contact information of the new responsible individual within 30 days.

**Additionally**

- Type or print legibly in ink.
- Retain a copy of completed application for your records.
- Do not wait until right before an opening to apply for your permit, as you may not receive it on time.
- Mail, fax, or deliver the completed application to:

Mailing Address

NOAA Fisheries, Alaska Region (NMFS)  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, Alaska 99802-1668

Physical location

NOAA Fisheries, Alaska Region (NMFS/RAM)  
Federal Building  
709 W. 9th Street, Suite 713  
Juneau, Alaska 99801

Fax number 907-586-7354

## **Block A – Nature of Application**

Indicate whether the application is submitted as a request for:

- a new Permit (in which case, it should be accompanied by a valid U.S. Coast Guard Abstract of Title or Certificate of Documentation for the vessel);
- a renewal of an existing Permit (in which case, enter the Permit Number); or
- an amendment to an existing Permit (in which case, enter the Permit Number).

## **Block B – Vessel Information**

1. Enter the name of the Vessel for which the Application is being submitted.
2. Enter the Vessel's Home Port (city and state).
3. Enter the ADF&G Processor Code (if any).
4. Indicate (YES or NO) whether the Vessel is a "Vessel of the United States."
5. Enter the Vessel's USCG Documentation Number.
6. Enter the Vessel's Alaska Department of Fish and Game (ADF&G) Vessel Registration Number.
7. Enter the Vessel's length overall and registered length.
8. Enter the Vessel's Gross Tonnage and Net Tonnage.
9. Enter the Vessel's Shaft Horsepower.
10. Indicate the type(s) of crab operation(s) in which the Vessel will be engaged.

## **Block C – Contact Owner Information**

1. Enter the name of the "Contact Owner"  
(the person primarily responsible for the vessel on behalf of all owners).
2. Enter the Contact Owner's Permanent Business Address.
3. Enter the Contact Owner's Temporary Business Address (if any). This is the address to which notices and other information regarding the vessel permit will be sent.
- 4-6. Enter the Contact Owner's business telephone number, business fax number, and E-Mail address.
7. Enter the name of the Vessel's Managing Company (if any).

## **Block C<sub>1</sub> – Additional Owner Information**

For each additional owner (in addition to the Contact Owner) enter the requested information. Duplicate the form as necessary to include the requested information on all of the Vessel's owners.

**Block D – Designated Representative for EDR**

The owner of a vessel that participates in any of the BSAI Crab Rationalization fisheries is responsible for submitting a crab “Economic Data Report” (EDR) to the NMFS-authorized data collection agent. In the space below, please provide the name and contact information of the individual who is responsible for insuring that the EDR is completed and timely submitted. The EDR forms will be sent to the address of the Designated Representative set out below. If the Designated Representative changes, the owner must provide NMFS with the name and contact information for the new Designated Representative within 30 days of the change.

Enter the requested information about the Designated Representative for EDR.

**Block E – Certification**

Enter printed name, signature, and date the Certification. Attach authorization if the application has been completed by the Applicant’s representative.