



**UNITED STATES DEPARTMENT OF COMMERCE**  
**National Oceanic and Atmospheric Administration**  
**National Marine Fisheries Service, Northwest Region**  
**Fisheries Permits Office**

7600 Sand Point Way NE, Bldg. 1  
 Seattle, Washington 98115-0070

Phone: (206) 526-4353 Fax: (206) 526-4461 www.nwr.noaa.gov



## INSTRUCTIONS

**IMPORTANT!** This application must be postmarked by **July 1, 2006**. Late applications will NOT be accepted.

Type or print legibly in ink and keep a copy of the completed application for your records. Be sure to attach documentation substantiating at-sea processing of sablefish during 1998-2000 to the application. Mail the completed application and substantiating documents to the address listed above. Information provided on this form and any supplemental documentation will be used to determine which vessels may be exempt from the prohibition of processing sablefish at-sea.

### SECTION A - PERMIT AND VESSEL IDENTIFICATION:

- Permit Number/Vessel Name/Vessel Registration Number: List the permit number, the name of the vessel registered to the permit and the U.S. Coast Guard documentation or state vessel registration number.

### SECTION B - VESSEL OWNER IDENTIFICATION:

- Vessel Owner Name(s): If the vessel owner consists of more than one entity or individual, enter the name of each owner as given on the U.S. Coast Guard 1270 (managing owner and all other owners).
- SSN or Tax ID Number: Enter the vessel owner's Social Security Number(s) or Taxpayer Identification Number(s). Note the Privacy Act Statement at the end of the application.
- Business Mailing Address: Enter the business mailing address, including street or PO Box number (not both), state, and zip code, where correspondence regarding this application should be sent. If the applicant consists of more than one entity and/or individual, enter the business mailing address of the group's designated representative.
- Business Phone, Fax and Email: List the business telephone and fax numbers including the area codes and email address. Fax and email are not required.

**SECTION C - AMOUNT OF FROZEN AT-SEA SABLEFISH PROCESSED:** Indicate the amount of sablefish (in round weight) frozen at-sea for the applicant vessel in the years 1998, 1999, and 2000 (as of November 1, 2000). Be sure to attach to the application the sales receipts and/or bills of lading supporting the amounts indicated. All landings of sablefish must have occurred during the regular and/or mop-up seasons and must have been harvested in Exclusive Economic Zone. Sablefish taken in the tribal set aside fisheries or taken outside of the fishery management area does not meet the qualifying criteria.

**SECTION D - CERTIFICATION OF APPLICANT AND NOTARY:** This section must be completed in the presence of a notary to certify that the individual(s) signing the form have satisfactorily identified themselves. By signing and dating the application, the applicant or authorized agent certifies that all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature. **Note:** If an individual is acting on behalf of the business entity, a corporate resolution must be provided authorizing the individual to sign the application for that entity. The notary must also sign and date the certification statement, and affix their notary stamp or seal.

If you need additional information or have any questions, call the *Fisheries Permit Office* at (206) 526-4353.

#### **REMEMBER TO INCLUDE:**

- ✓ Documents substantiating at-sea freezing of sablefish during 1998-2000.
- ✓ Completed application form with date and original signature(s).
- ✓ Complete application packet must be postmarked to the address above by **July 1, 2006**.



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**SECTION A - PERMIT AND VESSEL IDENTIFICATION**

Permit Number <b>GF</b>	Vessel Name	USCG Doc or State Registration Number
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**SECTION B - VESSEL OWNER IDENTIFICATION**

Vessel Owner Name(s) <i>(Last, First MI or Business Name)</i>  <i>Business Name</i>			SSN or Tax ID # <i>(If multiple owners, attach a list of their names and SSN or Tax ID #)</i>
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Business Mailing Address  <i>Street or PO Box</i>			Business Phone (    )
			Business Fax <i>(optional)</i> (    )
<i>City</i>	<i>State</i>	<i>Zip Code</i>	Business Email <i>(optional)</i>

**SECTION C - AMOUNT OF FROZEN SABLEFISH PROCESSED**  
 It is only necessary to fill in the row next to any one year in which the minimum qualifying requirements were met.  
 Attach sales receipts and/or bills of lading to support figures given below.

YEAR	POUNDS OF PRODUCT FROZEN AT-SEA IN ROUND WEIGHT <small>(minimum of 2,000 lb in any one year to qualify)</small>
1998	
1999	
2000 (before 11/1/00)	

**SECTION D - CERTIFICATION OF APPLICANT AND NOTARY**

**This section must be completed by a notary to certify that the individual(s) have satisfactorily identified themselves.**

*Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.*

Signature of Applicant or Authorized Representative

Date

Printed Name of Applicant or Authorized Representative *(NOTE: If this is completed by a representative, attach authorization.)*

Notary Public Signature

ATTEST

Affix Notary Stamp or Seal Here

Date Commission Expires

**WARNING STATEMENT:** A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR 904, a civil penalty of up to \$100,000 under 16 USC 1858, and as a federal crime under 18 USC 1001.

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

**PRA STATEMENT:** Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the 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 aspect of this collection of information, including suggestions for reducing the burden, to NOAA/National Marine Fisheries Service, Northwest Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115.