

Special Coral Reef Ecosystem Fishing Permit Application Form

Applicant Information

Date: ___ / ___ / ___

Name: _____ Phone: _____ Fax: _____

Address: _____

Street
Apt.#
City
State
ZIP

Vessel Name: _____ Home Port: _____

Length (ft): _____ Net Tonnage: _____ Gross Tonnage: _____

Vessel: (check one) USCG Documentation ___; State License ___; Vessel Registration ___
 Number: _____

Vessel Operator:

Name: _____ Phone: _____ Fax: _____

Address: _____

Street
Apt.#
City
State
ZIP

Is this permit solely to transship coral reef ecosystem taxa received from another vessel around the EEZ of the Northwest Hawaiian Islands, the Pacific Remote Island Areas, or any other MPA? _____

Do you agree to accommodate an observer on board while fishing, if required? _____

Does vessel have an individual Vessel Monitoring System? _____

Does vessel have insurance covering removal/clean-up in event of a grounding? _____ Name of Insurer: _____

Do you agree to submit daily log data within 30 days of returning to port? _____ or transshipment log data within 7 days of returning to port? _____

Check any special exemption for which you qualify and would like to be eligible for under this permit application (attach description of conditions under which you apply):

Other FMP _____ Scientific Bioprospecting _____ General Indigenous _____ Indigenous use of live rock/coral _____
 Aquaculture seed stock of coral _____

In which EEZ Management Subarea will fishing be conducted? (check only one)

Main Hawaiian Islands _____ Northwestern Hawaiian Islands _____ American Samoa _____ Guam _____
 Guam's Southern Banks _____ CNMI _____ PRIA (specify) _____

Describe your intended fishing effort, general fishing grounds, gear to be used and methods of collection

Target Species or Taxa				Expected Incidental Species or Taxa		
Species Name	Expected Catch (lb) (#, wt.)	How will it be processed? ¹	Why harvested? ²	Species Name	Expected Catch (lb) (#, wt.)	Keep?

¹ Live, fresh, frozen, preserved, other

² Food, ornamental, research, other

Use back, if necessary; total expected catch during permit period for target species required for permit approval
 Attach statement regarding objectives of fishing operation, estimated ecosystem, habitat and protected species impacts, and any additional information to help support approval of this application

This information is true to the best of my knowledge.

Signature: _____

Paperwork Reduction Act Information

Public reporting burden for this collection is estimated to average 120 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 aspect of this collection of information, including suggestions for reducing this burden, to Regional Administrator, NMFS Pacific Islands Region, 1601 Kapiolani Blvd., Suite 1110, Honolulu, Hawaii, 96814-4700.

This information is being collected to provide the information needed by NMFS to regulate and monitor the coral reef fisheries and resources managed under the Fishery Management Plan for Coral Reef Ecosystems of the Western Pacific Region (FMP) and to evaluate the effectiveness of management by assessing the status of stocks and the status of the fisheries. The information provides a basis for determining whether changes in management are needed to sustain the productivity of the stocks or to respond to interactions between fishing vessels and protected species and to address economic problems in the fishery. The information is also used to provide a basis for evaluating the magnitude and distribution of impacts resulting from changes to the regulations. Responses to the collection are required under 50 CFR 660.13. Proprietary data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec.402(b)). Notwithstanding any other provisions 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 of information displays a currently valid OMB Control Number.