

IDENTIFICATION OF OWNERSHIP INTEREST

WEST COAST GROUND FISH
LIMITED ENTRY PERMIT

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 received by NOAA Fisheries at the above address no later than **November 30, XXXX**. Your Limited Entry Permit(s) will not be renewed for next year until such time that this form and your renewal form are both received by NOAA Fisheries.

This application must be submitted by legally recognized corporations, partnerships and other business entities who own or hold a sablefish-endorsed West Coast Groundfish Limited Entry Permit. Please type or print legibly in ink. Attach additional sheets as necessary. Sign in ink, have your signature notarized, keep a copy for your records and mail the completed form to the address listed above.

The purpose of this form is to provide NOAA Fisheries with information to determine the number of sablefish endorsed permits owned or held by an individual and to determine if any change in ownership has occurred to corporations and partnerships since the control date. **Note:** A "partnership" is defined as two or more individuals, partnerships, or corporations, or combinations thereof, who have ownership interest in a permit, including married couples and legally recognized partnerships, such as limited partnerships (LP), general partnerships (GP), and limited liability partnerships (LLP). A "permit holder" is defined as a vessel owner as identified on the United States Coast Guard form 1270 (Certificate of Documentation) or state vessel registration document. Therefore, partnerships or corporations that hold a limited entry permit are those partnerships or corporations that own a vessel participating in the West Coast groundfish fishery.

SECTION A - PERMIT OWNER/HOLDER 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.
- Name/TIN: Enter the name of the business entity that owns or holds the permit and its tax identification number (TIN).
- Business Mailing Address: Enter the business mailing address, including street or PO Box number, state, and zip code, where the item(s) should be sent.
- Business Phone, Fax and Email: List the business telephone and fax numbers including the area codes; the fax number and email are optional.

SECTION B - IDENTIFICATIONS OF SHAREHOLDERS AND PARTNERS: List each shareholder or partner name (Last, First, Middle Initial). The Social Security Number (SSN) is required for each individual. If the shareholder/partner is a corporation/partnership, list the individual names of all shareholders/partners of that entity. List each individual's business mailing address. Note the Privacy Act Statement at the end of the application. NOAA Fisheries may request further documentation as proof of corporate or partnership ownership.

SECTION C - CERTIFICATION OF APPLICANT AND NOTARY: The authorized agent must sign and date the application 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 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 authorized agent's signature. **Note:** The authorized agent must include a copy of the corporate resolution or other authorizing document allowing the authorized agent to sign and certify on behalf of the corporation or partnership. The notary must sign and date this section, and affix notary stamp or seal.

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SECTION A - PERMIT OWNER/HOLDER IDENTIFICATION

Permit Number GF	Vessel Name	USCG Doc or State Registration Number	
Business Entity Name		TIN	
Business Mailing Address <i>Street or PO Box</i>		Business Phone ()	
		Business Fax (optional) ()	
City	State	Zip Code	Business Email (optional)

SECTION B - IDENTIFICATION OF SHAREHOLDERS AND PARTNERS

NOTE: If ownership or holdings of a permit consists of separate/additional corporations or partnerships, the individual owners or holders of those entities must also be listed. If necessary, attach an additional sheet of paper with the information required below.

NAME <i>(Last, First, Middle Initial)</i>	SSN	BUSINESS MAILING ADDRESS <i>(Street or PO Box, City, State, Zip Code)</i>

Have any individuals been added to the corporation or partnership since November 1, 2000? yes no

SECTION C - 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 Authorized Representative

Date

Printed Name of Authorized Representative (NOTE: 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 is to 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.