FEDERAL FISHERIES APPLICATION FORM

PACIFIC ISLANDS REGION NATIONAL MARINE FISHERIES SERVICE 1601 Kapiolani Blvd., Suite 1110 Honolulu, HI 96814-4700 Ph: (808) 944-2200; Fax: (808) 973-2940 OMB NUMBER: 0648-0490 Expires: 12/31/2014

PLEASE PRINT RESPONSES

Version: 01/03/12

American Samoa Pelagic Longline Limited Access Program Limited Entry Permit Application

Application	on Type (ch	eck only one	e type):	Mail or a	deliver comp	oleted app	lication forr	m to Pa	cific Islands	Region, ATT	N: Per	mits.
		olication Proc ons unless o				heck or m	oney order	to: Dep	artment of	Commerce,	NOAA	A. Fee charged
PERMIT (CLASS SIZ	E: □ A = 40	or less	$\mathbf{B} = 40.2$	1' – 50'	\Box C	= 50.1' - 70)'	□ D = 70	or larger		
□ P	ermit Rene	ewal OR 🗆	Additional	Permit Is	suance (Ple	ase indica	ite permit cl	ass size):			
		of vessel to e charged fo						h have	been sold or	sunk): [No	applica	tion
		sfer (for perr y member				□ Pe	rson with do	ocumen	ted participa	and D-1 afte tion in the A sel size Class	merica	
N								Family	Relationshi	p:		
	(Pri	nt first and la	ast names, o	or name of	community	organizat	ion)	·				r is checked)
VESSEL (OWNER: _					T	VESS	EL RA	DIO CALL			
	(First, Middle	e and Last I	Name, or B	usiness Nan	ne)					(if a	business)
PERMIT I	HOLDER D	ATE OF BII	RTH (indiv	idual) or II	NCORPOR <i>A</i>	ATION (b	usiness):					
U	Ise the Supp	lementary Ir	nformation	Sheet to lis	st names and	l addresse	s of owners,	, partne	rs or officers	S.		
to accurately any delinques	retrieve confid nt amounts aris	lential records r	elated to fede person's rela	al permits. To	he primary purp e government p	pose for requursuant to the	uesting the Tax ne Debt Collect	payer Ide	entification Nur ovement Act of		ollection	applicant(s) and and reporting on 34). Personal
BUSINES	S MAIL AI	DDRESS: _										
D C SII (LS)		DILESS		Number, stre	et, apt. no.)		·	(Cit	y/Village)	(State	e) –	(Zip)
BUSINES	S PHONE: (Plea	()_se include the a	rea code for e	ach number)	(required)		CELL: ()				
FAX: ()		_ 1	EMAIL: _								
	APPLICAN	T:	(Print first	middle and la	ast name)		(Sign	ature)		DATE:	·	
Addition: Permit tr	al permit, per	rmit renewal o	r upgrade, ar	ıd vessel regi	istration: Perm		applicant fills	out "Perr		nformation aborg the permit cor		nd signs
PERMIT T											,	
		OR:				/				DATE	ራ:	
(Current l	holder)	OR: BEING TRA		nd last name))	/		(Signatur	re)	DATE	i:	

Please submit the appropriate required documents:

- 1) Payment for the non-refundable application processing fee, if required,
- 2) A copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from the state/territorial agency (undocumented vessel) to register a vessel to the permit,
- 3) Documentation of participation in the American Samoa longline fishery if applying for an Additional Permit, Permit Transfer, or Permit Upgrade, and
- 4) Signed letter from permit holder authorizing the permit applicant as their agent, if the agent is submitting the application.
- If your application is incomplete, you will be notified by PIRO. You have 30 days from the date of notification to provide required documents, or your application will be considered abandoned. It is prohibited to file false information on an application for a fishing permit (50 CFR 665.15(b)).

OMB Control No. 0648-0490 Expiration Date: 12/31/2014

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SUPPLEMENTARY INFORMATION SHEET

	NAME	MAILING ADDRESS	PERCENT OWNERSHIP				
hec	k boxes are for office use only:						
		essel: Vessel Name:USCG					
		cific pelagic management unit species with longline	gear in the EEZ around American Samoa.				
	Fulfilled Minimum Catch Requirements for Renewal						
	Current Protected Species worksh	nop certification (for renewal)					
	mented Ownership or Evidence of W	ork (Participation) on AS Longline Fishing Vessel:					
)OCII	mented Ownership of Evidence of W						
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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 45 minutes for American Samoa longline limited access initial permit issuance, renewal, transfer or upgrade; 2 hours for permit appeal. Send comments regarding this burden estimate and any other aspects 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 ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other regulatory changes on person in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 665.13). 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 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 of information displays a currently valid OMB Control Numbers.