

**NMFS Observer Program Fee Submission**

***EXAMPLE ONLY: Online payment will be available before the 2014 reporting deadline***

U.S. Department of Commerce/NOAA  
National Marine Fisheries Service (NMFS)  
Office of Operations & Management (OMD)  
P.O. Box 21668  
Juneau, AK 99802-1668  
(800) 304-4846 (Option 5) toll free  
(907) 586-7105

**ONLINE FEE SUBMITTAL DEADLINE – FEBRUARY 15*****BLOCK A-- IDENTIFICATION OF PERMIT HOLDER***

1. Name of Processor or Registered Buyer	2. NMFS Person ID	
	3. TIN Number (EIN or SSN)	
	4. Date of Birth or Date of Incorporation	
5. Representative Name		
6. Business Telephone No.	7. Business Fax No.	8. Business E-mail Address (if any)

***BLOCK B – CREDIT CARD INFORMATION*****REMINDER!**

**If paying for multiple permit holders, provide the information requested in the worksheet below**

Charge to the following:     Visa     Mastercard     American Express     Discover

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Name as Printed on Card: \_\_\_\_\_

**BLOCK C -- CREDIT CARD WORKSHEET**  
*For each permit holder included in this payment, provide the following*

Name of Permit Holder	FPP or Registered Buyer Permit Number	Payment Amount	Is this a partial payment? (check one)		If YES, provide total amount owed
			YES	NO	

**MAKE A COPY OF THIS FORM, AND ANY ACCOMPANYING DOCUMENTS, FOR YOUR RECORDS**

This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to Federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

Instructions for  
**NMFS OBSERVER PROGRAM FEE SUBMISSION**

***THIS FORM IS READ ONLY: Online forms will be available before the 2014 reporting deadline***

**NOTE: All payments must be submitted online by February 15.**

Owners of Shoreside Processors or Stationary Floating Processors possessing a Federal processor permit (FPP) under § 679.4(f)(1) or a person named on a Registered Buyer permit under § 679.4(d)(3), must submit the observer fee liability cost recovery information and payment for all landings made under the authority of their permits.

After each fishing year, the Regional Administrator will issue each permit holder, a landings summary (in pounds of round weight) of his or her groundfish or halibut pounds landed during that fishing year for each permit. The summary will include the observer fee liability based on the standard ex-vessel values of the landings. The summary and fee liability will include details of groundfish and halibut round weight in pounds landed by port, species, date, and standard prices.

A permit holder receiving a groundfish or halibut landing is responsible for collecting fees from catcher vessels during the calendar year in which the groundfish or halibut is received.

The designated representative must log into the system and provide the information indicated on the computer screen. By using the processor's or Registered Buyer's NMFS ID, password, and Transfer Key and submitting the fee, the designated representative certifies that all information is true, correct, and complete.

**Make electronic payment payable to NMFS.**

Payment must be made electronically in U.S. dollars by automated clearing house, credit card, or electronic check drawn on a U.S. bank account. Payments must be made online through the NMFS Alaska Region payment website to:

<http://www.alaskafisheries.noaa.gov/ram>.

Instructions for electronic payment are available on the payment website. In addition, NMFS will mail a fee liability summary letter, with complete instructions on electronic payments, to each permit holder.

**Do not mail payment.**

Payments received by credit card will be sent computer-generated receipts after those payments are processed. If you need assistance in completing this form, or you have questions about the Observer Cost Recovery Program, contact:

Alaska Region Internet site at [www.alaskafisheries.noaa.gov](http://www.alaskafisheries.noaa.gov).

Restricted Access Management Program (RAM) for questions about permits and transfers.

Telephone: toll free at (800) 304-4846 (#2) or (907) 586-7202 (#2).

Sustainable Fisheries Division for questions about Observer Program management.

Telephone: 907-586-7228

Fax: 907-586-7465

Office of Operations & Management (OMD) for questions about payment of fees

Telephone: 907-586-7105

Fax: 907-586-7255

## **COMPLETING THE APPLICATION**

### **BLOCK A -- IDENTIFICATION OF PERMIT HOLDER**

1. Name of shoreside processor, stationary floating processor, or Registered Buyer.
2. Enter NMFS Person ID
3. Taxpayer identification number (TIN). Enter social security number (SSN) if applicant is an individual. Enter employer identification number (EIN) if applicant is a corporation, partnership, association or other non-individual business entity.
4. Enter date of incorporation if a business or date of birth if an individual.
5. Name of authorized representative.
- 6-8. Representative's business telephone number, business fax number, including area codes, and e-mail address, if available.

### **BLOCK B – CREDIT CARD PAYMENT**

Check the box that indicates the type of card used. **Note:** Only the credit cards listed are accepted for payment through NMFS at this time. The credit card number, expiration date, and the name as printed on the card must be completed for NMFS to accept this form of payment. **If any of the required credit card information is missing, your payment WILL NOT be accepted.**

### **BLOCK C -- CREDIT CARD WORKSHEET**

For each permit holder included in this payment, provide the following

Name of Permit Holder

Federal Fisheries Permit (FPP) or Registered Buyer Permit Number

Payment Amount

Indicate if this is a partial payment (check one). If YES, provide total amount owed.

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#### ***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 2.0 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, Alaska Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, P.O. Box 21668, Juneau, AK 99802.

#### ***ADDITIONAL INFORMATION***

Before completing this form please note the following: 1) 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 Number; 2) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.