

NOAA NATIONAL MARINE SANCTUARIES PERMIT APPLICATION

OMB # 0648-0141 Expires: 3/31/2015 (12-2011)

Refer to "Instructions for Submitting Applications for National Marine Sanctuary Permits and Authorizations" for guidance on how to properly complete this application. Applicants are responsible for reviewing the instructions in their entirety to ensure are all application requirements are met.

Note: for certain activities, completion of this application may not be required. Consult the instructions and the Office of National Marine Sanctuaries (ONMS) <u>permit website</u> prior to completing and submitting this application to see if this is the case for your proposed activity.

| | Section A – General | | | | |
|--|--|---|---------------------------------------|--|--|
| Sanctuary(s) in which you are applying to work: | | | | | |
| Channel Islands Gra | ay's Reef | | Monterey Bay | | |
| Cordell Bank Gu | alf of the Farallones | | Olympic Coast | | |
| Fagatele Bay Ha | wai'ian Islands Humpback V | Vhale | Stellwagen Bank | | |
| Florida Keys Mo | onitor | | Thunder Bay | | |
| Flower Garden Banks | | | | | |
| Select one of the following: | | | or modifications only, enter the | | |
| * * | New application | | previously issued ONMS permit number: | | |
| Renewal of previously issued permit | | | | | |
| Change or modification to previously issu | | | | | |
| (Note: expired permits cannot be renewed | a or moaifiea) | | | | |
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| Se | ection B – Applicant Inform | ation | | | |
| Section D Applicant Information | | | | | |
| Honorific First Name | Last Name | | Middle Initial | | |
| Mailing address: | Last Ivallie | | Wildle Ilitial | | |
| Address Line 1: | | Phone: | Ext: | | |
| Address Line 2: | | Phone: | EXU: | | |
| City: | | Fax: | | | |
| | | | | | |
| State: | | Email: | | | |
| Zip Code: | | | | | |
| Institution represented (if applicable): | | Title or Department: | | | |
| | | | | | |
| Co-applicant or additional investigator authorized to | conduct activities (if applica | ble): | | | |
| | | | | | |
| | | | | | |
| First Name Last Name | | Institution | | | |
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| Section C – Project Information Project title (maximum 300 characters): | | | | | |
| 110 Jeet title (maximum 500 characters). | | | | | |
| | | | | | |
| | | | | | |
| Project dates (mm/dd/yyyy format): | Does this activity invol- | ve collections? | | | |
| Requested permit start date: | _ | No – If checked, no collection of sanctuary resources are allowed | | | |
| | | _ | | | |
| Requested permit end date: | Yes – Complete Collections Data Form and submit with application | | | | |

| Section C – Project Information (Continued) | | |
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| Section C – Project Information (Continued) Project abstract (maximum 3000 characters - field will scroll): | | |
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| Methods and protocols to be employed in the field (maximum 10000 characters - field will scroll): | | |
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| sanctuary preservation areas, or state preserves)? | | | |
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| No | | | |
| Yes – Provide justification in Section E | | | |
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| Section D – Environmental Impacts Answer the following questions as accurately as possible to assist in the consideration of this application. Maximum 1000 characters per question. See instructions for additional guidance on how to complete these fields. | | | |
| Describe any <u>direct</u> impacts on sanctuary resources that would result from this activity: | | | |
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| Describe any <u>indirect</u> impacts on sanctuary resources that would result from this activity: | | | |
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| Select if, to your knowledge, any of the following have been completed (or are being completed) for this proposal: | | | |
| Federal environmental impact statement, analysis, or review | | | |
| State or local environmental impact statement, analysis, or review Other analysis of the environmental effects of this activity | | | |
| Other analysis of the environmental effects of this activity | | | |
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| Section E – Rationale | | | |
| Answer the following questions as accurately as possible to assist in the consideration of this application. Maximum 1000 characters per question. See instructions for additional guidance on how to complete these fields. | | | |
| Describe why this activity needs to be conducted within the sanctuary(s): | | | |
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| If this activity is proposed to occur in any special sanctuary zone (e.g., marine reserves, research-only areas, sanctuary preservation | | | |
| areas, state preserves), explain why this is necessary and how it will further the understanding of the zone: | | | |
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Section C – Project Information (Continued)

Proposed location of activities:

Throughout sanctuary(s) or

Specific locations within a sanctuary
Will this activity occur within any special sanctuary

If activities are to be conducted in specific locations within sanctuary, describe

where: See instructions for details. Coordinate data may also be required.

| Section E – Rationale (Continued) | | | |
|--|--|--|--|
| Describe how the proposed methods are appropriate for this activity: | | | |
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| Describe how the permit duration requested is appropriate for this | activity: | | |
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| Provide a statement explaining applicant qualifications and financ | cial ability to complete the project (include project funding source): | | |
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| Section F – C | Other Information | | |
| Requests for ONMS assistance (see instructions before completing | | | |
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| Other permits, authorizations, or approvals obtained or required: | | | |
| Check the boxes as appropriate, provide copies of any already rec | ceived and notify ONMS staff of the status of pending requests. | | |
| Marine Mammal Protection Act | Coastal Zone Management Act (Federal Consistency) | | |
| Endangered Species Act | U.S. Army Corps of Engineers permit | | |
| National Historic Preservation Act | Other Federal, state, or local permit(s) | | |
| <u> </u> | () | | |
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| Section G | - Certification | | |
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| I certify that this application is accurate and complete. I understan | ad that incomplete applications will not be acted upon until any | | |
| required additional information is provided. I further understand the instructions may not be processed in time for my activity to begin | | | |
| proposal, if deemed necessary. | as planned. I additionize the Orders to seek peer reviews of my | | |
| proposar, ir decined necessary. | | | |
| | | | |
| Signature of applicant: | Date: | | |
| (If providing application via electronic means, you may acknowled | 1 - this contification was amail. | | |
| (II providing application via electronic incans, you may acknowled | age this certification via email) | | |

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting for this collection of information is estimated to average 1.5 hours per response for most activities, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing this application. See the instructions for details regarding this burden estimate.