



FISHING YEAR 2012
SEA SCALLOP ACCESS AREA
TRIP EXCHANGE APPLICATION

SUBMIT TO:

APSD - Sea Scallop Trip Exchange
NOAA Fisheries
55 Great Republic Drive
Gloucester, MA 01930
Fax: (978) 281-9135

Instructions: This form must be used to request a Sea Scallop Access Area trip exchange between two vessels. Trips may be exchanged on a one-for-one basis and may only occur between vessels within the same permit category (Full-time, Part-time, or Occasional). One form must be used for each exchange. This form may be duplicated for additional exchange requests. Vessel operators may not initiate the Access Area trip requested below until vessel owners receive written notice that the request has been approved. Written approval or disapproval of the request will be provided within 15 days of receipt of this form.

Vessel A: Owner Name _____ Permit # _____

Vessel Name _____ Official # _____

The owner of Vessel A wishes to give one trip to Vessel B in the following access area (Circle One):

CAI CAII DMV HC NLAA

Vessel B: Owner Name _____ Permit # _____

Vessel Name _____ Official # _____

In exchange, the owner of Vessel B wishes to give one trip to Vessel A in the following access area (Circle One):

CAI CAII DMV HC NLAA

Owner of Vessel A: _____ Date: _____
(Signature)

Owner of Vessel B: _____ Date: _____
(Signature)

Access area codes: Closed Area I = CAI; Closed Area II = CAII; DMV = Delmarva Access Area; Hudson Canyon = HC; Nantucket Lightship Access Area = NLAA

Signature of this form certifies that the information provided on this form is true, complete and correct to the best of the vessel owner's knowledge, and made in good faith (18 U.S.C. 1001). Making a false statement on this form is punishable by law.

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. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to NMFS, 55 Great Republic Drive, Gloucester, MA 01930; and to OMB, Paperwork Reduction Project, Washington, DC 20509. OMB Approval No. 0648-0491; Expires 5/31/2014.