

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701-5505
 727/824-5326 (8 am - 4:30 pm ET)
 1-877-376-4877 Toll Free
 http://sero.nmfs.noaa.gov

FEDERAL APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

REQUIRED FOR ATLANTIC DOLPHIN/WAHOO
 AND/OR SOUTH ATLANTIC ROCK SHRIMP

OMB No. 0648-0205 Form Approval Expires: 10/31/2014

| | |
|-------------------------------|--|
| Reviewer's Initials and Date: | |
| Check or Money Order Number: | |
| Expiration Date: | |

FOR OFFICE USE ONLY

Application ID
 FOR OFFICE USE ONLY



FEE: \$50.00
 REPLACEMENT CARD: \$18.00

**Make check or money order
 payable to U.S. Treasury
 Application Fees are
 Non-Refundable**

GENERAL INSTRUCTIONS: (1) Operator cards are required by either the operator OR a crewmember of a commercial vessel or charter vessel/headboat fishing for Atlantic Dolphin and/or Wahoo and/or South Atlantic Rock Shrimp. Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp Permits are not valid unless the operator or a crewmember holds a valid Operator card when underway fishing for Dolphin, Wahoo and/or Rock Shrimp in the Atlantic EEZ. (2) Applications must be legible; illegible applications will be returned. Application Fee is payable to the U.S. TREASURY by check or money order and is Non- Refundable. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAY OR DENIAL OF AN OPERATOR CARD.

APPLICATION INSTRUCTIONS: All blanks in Section 1 must be filled in. Use Section 2 only if you have a mailing address that is different from the street address required in Section 1. Information is required for all categories in Section 3, including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide your federal tax identification number (SSN). You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue, tape, paperclip or otherwise attach the photos to the application.

SECTION 1 - VESSEL OPERATOR (CARD OWNER) INFORMATION

| | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | Suffix (Sr., Jr. II, etc) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)

| | | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| CITY | STATE | COUNTY | ZIP CODE | COUNTRY |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | |
|------------------------------------------|------------------------------------------|
| AREA CODE | TELEPHONE NUMBER |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1

| | | | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| MAILING ADDRESS | CITY | STATE | COUNTY | ZIP CODE | COUNTRY |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

SECTION 3 - IDENTIFYING INFORMATION

| | | |
|------------------------------------------|------------------------------------------|------------------------------------------|
| DATE OF BIRTH (MM/DD/YYYY) | Tax ID # (SSN) | BIRTH PLACE (CITY, STATE, COUNTRY) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | | | | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| SEX | EYE COLOR | HAIR COLOR | If you are clean shaven or balding, indicate your actual hair color | WEIGHT (LBS) | HEIGHT (FEET - INCHES) |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> GREY | <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> Other | <input type="checkbox"/> BROWN <input type="checkbox"/> BLONDE <input type="checkbox"/> BLACK <input type="checkbox"/> RED <input type="checkbox"/> GREY <input type="checkbox"/> Other <input type="checkbox"/> WHITE | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

SECTION 4 - SIGNATURE

| | | |
|------------------------------------------|------------------------------------------|------------------------------------------|
| Applicant Signature | Print Name | Date |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing 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 suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Confidential name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.