

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
 727/824-5326 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov

CHANGE OF INFORMATION FORM FOR FEDERAL FISHERIES PERMITS



FOR OFFICE USE ONLY	
Reviewer Initials and Date	
Expiration Date:	
Check/Money Order Number	

FOR OFFICE USE ONLY

APPLICATION ID

Federal regulations require permit holders to notify the Permits Office of any change of information concerning the vessel and /or permit owner within 30 days of the change. Failure to notify the Permits Office of the change - especially an address change - may adversely impact your permit(s). If you need additional forms, photocopy this blank form as many times as needed and fill out one for each person/business. Mark the box that applies to whom the change is for. Fill in the form with the new address(es) and telephone number. The form must be signed by the person named on the form or by an officer or shareholder if the change is for a business. There are no fees required to change/correct the information in sections 1 or 2.

SECTION 1. VESSEL INFORMATION

NOTE: THIS FORM IS ONLY FOR CHANGING INFORMATION ABOUT YOUR CURRENT VESSEL. CHANGING THE VESSEL ITSELF REQUIRES AN APPLICATION FOR TRANSFER OR NEW PERMITS.

USCG DOCUMENT NUMBER or State Registration Number	VESSEL NAME
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BRIEFLY TELL US WHAT INFORMATION ABOUT THE VESSEL NEEDS TO BE CORRECTED

SECTION 2. VESSEL OWNER INFORMATION

This entity is a vessel OWNER or PERMIT HOLDER (if not the vessel owner) Other (describe) _____

Check one INDIVIDUAL or SOLE PROPRIETORSHIP JOINT OWNERSHIP PARTNERSHIP CORPORATION OTHER _____

Mailing Recipient - Mark this box only if you want this entity to receive all mail concerning this permit.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						

Area Code	Phone Number	DATE OF BIRTH - MM/DD/YYYY	SOCIAL SECURITY NUMBER
OR, For a business:		DATE BUSINESS FILED - MM/DD/YYYY	FEDERAL TAX ID NUMBER

SECTION 3. TO QUALIFY INCOME QUALIFIED PERMITS

To qualify a Commercial Gulf of Mexico Reef Fish Permit and/or a King Mackerel Permit you must provide: 1) an original NMFS SERO Income Qualification Affidavit, a check or money order for \$18.00 payable to the U.S. Treasury, and check the box below.

Please qualify my Commercial Gulf of Mexico Reef Fish Permit and/or my King Mackerel Permit with income and issue a corrected permit.

SECTION 4. SIGNATURE OF PERSON REQUESTING THE CHANGE

Signature	Date
Print Name	

Public reporting burden for this collection of information is estimated to average 15 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.