

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



FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
SERO Dealer Number	
Expiration Date	

1. DEALER INFORMATION

Dealer entity is (check one): INDIVIDUAL or SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER _____

If the dealer is a partnership, corporation, or other business entity provide the business name, Federal Tax ID number, and date the business was filed.

Name of Partnership, Corporation, or Business		Date business was filed (MM/DD/YYYY)
Federal Tax ID Number		

If the dealer is an Individual or Sole Proprietorship complete the following information - name, Social Security Number (SSN), and date of birth:

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix: JR,SR, etc.

Tax ID # (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number

2. DEALER CONTACT INFORMATION

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

Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country

Check box if same as Mailing Address

Area Code	Phone Number

3. Permits

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

New	Renewal	New	Renewal
Atlantic Dolphin/Wahoo (DDW)		South Atlantic Wreckfish (WD)	
Shark (SK)		South Atlantic Rock Shrimp (RSD)	
Domestic Swordfish (SD)		South Atlantic Golden Crab (GCD)	
South Atlantic Snapper-Grouper Excluding Wreckfish (SGD)		Gulf of Mexico Reef Fish (RD)	

4. COMPANY OFFICER and SHAREHOLDER INFORMATION

Complete this section only if the Dealer listed in Section 1 is a Corporation, Partnership, or other business entity. If the Dealer listed in Section 1 is an individual or sole proprietorship, skip this section. Please copy this page as needed to provide information on all persons associated with the Dealer.

Please complete this section for each officer or partner associated by partnership, corporation, or other business relationship to the Dealer listed in Section 1.

Position held:

- President/CEO
 Vice President
 Secretary
 Treasurer
 Director/Manager
 Agent
 Other

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc

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

Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						

SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number

Position held:

- President/CEO
 Vice President
 Secretary
 Treasurer
 Director/Manager
 Agent
 Other

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc

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

Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						

SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number

5. RECEIVING FACILITIES

INSTRUCTIONS: List the names and street addresses for all facilities where product is received (fish is off loaded from the fishing vessels). Please copy this page as needed to provide information on all facilities where fish are received.

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name			Area Code	Phone Number		
<input type="text"/>			<input type="text"/>	<input type="text"/>		
Street Address (PO Box not acceptable)	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. State Wholesaler Licenses

Complete the following and provide a copy of each state wholesaler's license held by the dealer.

State Wholesaler License Number :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>

Other Federal permits or licenses held (issued from a Federal permit office outside of the Southeast Region).

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7. SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the business as listed in Section 4.

Applicant Signature

Date

Printed Name

Position in Company (if applicable)



Payment Reminder:

All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee required is \$50.00 for the first fishery and \$12.50 for each additional fishery requested with this application.

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. Name and address information will be released via a NOAA 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.



Instructions for the Federal Application for an Annual Dealer Permit

ACTIVITIES FOR WHICH PERMITS ARE REQUIRED

DOLPHIN/WAHOO	Under 50 CFR 622.4, a dealer who receives Atlantic dolphin/wahoo harvested in the EEZ off the Atlantic states (Maine through the East Coast of Florida) must obtain an annual dealer permit.
GOLDEN CRAB (South Atlantic)	Under 50 CFR 622.4, a dealer who receives South Atlantic golden crab harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
REEF FISH (Gulf of Mexico)	Under 50 CFR 622.4, a dealer who receives reef fish harvested from the EEZ of the Gulf of Mexico must obtain an annual dealer permit.
ROCK SHRIMP (South Atlantic)	Under 50 CFR 622.4, a dealer who receives rock shrimp harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
SNAPPER-GROUPER (South Atlantic)	Under 50 CFR 622.4, a dealer who receives South Atlantic snapper-grouper, excluding wreckfish, harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
SHARK	Under 50 CFR 635.4, a dealer who receives sharks from the Western North Atlantic Ocean including the Gulf of Mexico and the Caribbean Sea must obtain an annual dealer permit.
SWORDFISH	Under 50 CFR 635.4, a dealer who receives from a U.S. vessel a swordfish harvested from the Atlantic Ocean or Gulf of Mexico must obtain an annual domestic dealer permit.
WRECKFISH (South Atlantic)	Under 50 CFR 622.4(a)(4), a dealer who receives a wreckfish harvested from the South Atlantic must obtain an annual dealer permit.

INSTRUCTIONS

Complete the following sections, as applicable:

SECTION 1 & 2 Print or type the name of the business and address as shown on your business license. If the applicant is a business, print or type the Federal Tax ID number assigned to your business by the Internal Revenue Service (taxpayer ID information) if one has been assigned. If applicant is an individual, enter the Social Security Number (taxpayer ID information).

SECTION 3 Select the fisheries for which you are applying.

SECTION 4 If the application is for a dealer that a corporation, partnership, or other business entity owns, then information on the dealer's officers/ shareholders is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the dealer.

SECTION 5 Complete this section for each physical location where fish are received. Note: A Post Office Box is not acceptable as a physical location where fish are received.

SECTION 6 Provide the state wholesale license for each state in which the dealer has a facility. Also, please provide the permit number of any Federal permits issued, for example, a dealer permit issued by the NMFS Northeast Regional Office (NERO).

SECTION 7 The application must be signed and dated. If the dealer is a corporation, partnership, or other business entity then the applicant must be an officer or shareholder of the dealer.

Additional Instructions:

FEE SCHEDULE FOR DEALER PERMITS:

1=\$50 2=\$62.50 3+\$75.00 4=\$87.5 5=\$100.00 6=\$112.50 7=\$125.00 8=\$137.50

1. Mail the completed application, copy of state wholesaler's license (if required) for each state in which you operate, and a check or money order made payable to the U.S. TREASURY to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South., St. Petersburg, FL 33701.** Questions may be telephoned to our toll free number at (877) 376-4877 or 727/824-5326 between 8 am - 4:30pm ET. If you would like your permit and associated documents returned to you overnight upon completion of processing, enclose a completed, pre-paid US Postal Service, UPS or Federal Express air bill, complete with your street delivery address (FEDEX and UPS do not deliver to PO Boxes), telephone number, and for FEDEX or UPS - your FEDEX or UPS account number or major credit card number with the expiration date. Please note, using the prepaid overnight delivery option does not expedite permit processing, it can only expedite delivery upon completion of processing.

States required to submit wholesale license: Alabama, California, Florida, Georgia, Hawaii, Louisiana, Massachusetts, Maryland, Maine, Pennsylvania, Rhode Island, South Carolina, U.S. Virgin Islands and Washington.

2. The application fee is **\$50** for the first fishery and **\$12.50** for each additional fishery and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The flat rate fee to replace lost or damaged permit(s) is **\$18**. Complete all lines or sections that apply for the type(s) of fishery(ies) requested. Select only those your business will need. **Certain fisheries require mandatory reporting requirements.**

3. Atlantic Shark Dealers must submit a copy of a valid Atlantic shark identification workshop certificate for each place of business listed on the shark dealer permit. The certificate must be either a SHARK DEALER OWNER - SHARK IDENTIFICATION WORKSHOP CERTIFICATE or a SHARK DEALER PROXY - SHARK IDENTIFICATION WORKSHOP CERTIFICATE. If you have submitted a copy of your certificate(s) and it is not expired, you do not have to resubmit the document(s). Important Note – A SHARK DEALER PROXY CERTIFICATE is only valid for a renewal and will not be accepted for a new permit. For information about Shark Identification Workshop Schedules, contact (301) 713-2347.

In accordance with Federal regulations, any change in your permit information must be reported to the NMFS Regional Administrator within 30 days of the change.

KNOWINGLY SUPPLYING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING A DEALER PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.