U.S. DEPT OF COMMERCE, NOAA

NMFS PERMITS BRANCH, F/SER1 263 13th Avenue South St. Petersburg, FL 33701 727/824-5326 (8:00 am - 4:30 pm ET) http://sero.nmfs.noaa.gov

USCG INSPECTED VESSEL (Specify passenger Capacity as listed on the USCG Certificate of

Inspection)

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

		FOR OFFICE USE ON	LY
	Reviewer's	s Initials and Date	
	Check or N	Money Order Number	
	Violation E	Date	
	Violation C	Clear Date	
Application ID	Non Comp	oliance Hold Date	
FOR OFFICE USE ONLY	Non Comp	bliance Cleared Date	
TOR OTTICE USE ONE!	Expiration	Date(s)	
	SEL INFORMATION		
OFFICIAL NUMBER FROM USCG CERTIFICATE OF	YEAR BUILT	LENGTH (FEET)	TOTAL HORSEPOWE
OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable)	YEAR BUILT	LENGTH (FEET) CUMENTED VESSELS ONL	TOTAL HORSEPOWE
DEFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable)	YEAR BUILT		
OFFICIAL NUMBER FROM USCG CERTIFICATE OF OCCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable) YESSEL NAME	YEAR BUILT USCG DOG GROSS TONS HULL MATERIAL	NET TONS FUEL TYPE	HOLD CAPACITY (Pounds of Harvest)
OFFICIAL NUMBER FROM USCG CERTIFICATE OF OCCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable) YESSEL NAME HULL IDENTIFICATION or IMO NUMBER	YEAR BUILT USCG DOG GROSS TONS	NET TONS FUEL TYPE DIESEL GASOLINE	HOLD CAPACITY (Pounds of Harvest) PRODUCT STORAGE
OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable) /ESSEL NAME HULL IDENTIFICATION or IMO NUMBER	USCG DOG GROSS TONS HULL MATERIAL FIBERGLASS	FUEL TYPE GASOLINE OTHER	HOLD CAPACITY (Pounds of Harvest) PRODUCT STORAGE (check all that apply) ICE
DEFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable) VESSEL NAME HULL IDENTIFICATION or IMO NUMBER HAILING PORT CITY	USCG DOO GROSS TONS HULL MATERIAL FIBERGLASS STEEL WOOD	NET TONS FUEL TYPE DIESEL GASOLINE	HOLD CAPACITY (Pounds of Harvest) PRODUCT STORAGE (check all that apply) ICE FREEZER
DEFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if applicable) STATE REGISTRATION NUMBER (if applicable) VESSEL NAME HULL IDENTIFICATION or IMO NUMBER HAILING PORT CITY	USCG DOG GROSS TONS HULL MATERIAL FIBERGLASS STEEL WOOD CEMENT	FUEL TYPE DIESEL GASOLINE OTHER TOTAL FUEL CAPACITY (GALLONS)	PRODUCT STORAGE (check all that apply) ICE FREEZER LIVE WELL

Commercial Fishing Charter Headboat

2. 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.

OPEN ACCESS COMMERCIAL PERMITS			
FISHERY	NEW	RENEWAL	DUPLICATE
COMMERCIAL ATLANTIC DOLPHIN/ WAHOO (ADW)			
SPINY LOBSTER TAILING (LT)			
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)			
SOUTH ATLANTIC ROCK SHRIMP (RS)			
SPANISH MACKEREL (SM)			
SOUTH ATLANTIC PENAEID SHRIMP (SPA)			
ROYAL RED SHRIMP ENDORSEMENT TO GULF OF MEXICO SHRIMP (SPR)			
GULF OF MEXICO SHRIMP (SPG)			
OPEN ACCESS CHARTER/HEADBOAT PERMITS			
FISHERY	NEW	RENEWAL	DUPLICATE
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR SNAPPER-GROUPER (SC)			
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)			
ATLANTIC CHARTER/ HEADBOAT FOR DOLPHIN/ WAHOO (CDW)			
LIMITED ACCESS/MORATORIUM CHARTER/ HEADBOAT and COMMERCIAL PERMITS			
FISHERY	TRANSFER	RENEWAL	DUPLICATE
GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)			
GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (RCG)			
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHC	G) 🔲		
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (HRCG)			
KING MACKEREL (KM)			
GILLNET FOR KING MACKEREL (GN)			
GULF OF MEXICO REEF FISH (RR, RRE)			
RED SNAPPER CLASS 1 LICENSE - 2000 POUND (L1)			
RED SNAPPER CLASS 2 LICENSE - 200 POUND (L2)			
SOUTH ATLANTIC ROCK SHRIMP LIMITED ENTRY AREA ENDORSEMENT (RSE)			
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1, ST1)			
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2, ST2)			
SWORDFISH DIRECTED (SFD)			
SWORDFISH HANDGEAR (SFH)			
SWORDFISH INCIDENTAL (SFI)			
SHARK DIRECTED (SKD)			
SHARK INCIDENTAL (SKI)			

3. VESSEL OWNER AND LESSEE INFORMATION

Please copy this page as needed to provide information on all persons or businesses that own or lease the vessel listed in Section 1.

- 1) Please complete this section for each owner of the vessel as shown on the Coast Guard Documentation or, if not documented, on the state registration certificate. If the owner is a business or partnership, enter the Federal ID number and date the business was formed or partnership was filed. If the owner is an individual, enter the Social Security Number.
- 2) Complete the Additional Owner or Lessee section for a second joint owner if the vessel is owned by more than one owner, or if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. If you need more spaces, copy the blank form or provide the required information on a seperate sheet of paper.
- 3) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information. Please only mark one box.
- 4) If the vessel is operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the vessel owner (as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee. If you need more spaces for additional lessees, copy the blank form or provide the required information on a seperate sheet of paper.

Vessel Owner as shown on the USCG Certificate of Documentation, or for undocumented vessels, the State Registration; and/or Vessel Lessee Information

This entity is a vessel OWNER or vesse	el LESSEE 🔳	(For lessees	only) LEASE START [DATE:	LE	ASE EXPIRATION	DATE:
Check one INDIVIDUAL or SOLE PROPR	RIETORSHIP	ONT OWN	IERSHIP PA	RTNERSHI	P CORP	ORATION 🔳 01	HER
Mailing Recipient - Mark this be	ox only if you	want this e	ntity to receive a	ll mail c	oncerning t	his permit.	
Mr/Mrs/Ms Last Name or Name of Bus	Ir/Mrs/Ms Last Name or Name of Business First Name						Suffix Name
Mailing Address	Apt/Suite #	City		State	County	Zip Code	Country
Physical Address	Apt/Suite #	City		State	County	Zip Code	Country
Check box if same as Mailing Address							
Federal ID # or SSN # Date of Birth/bus	inoss filed	Area Code	Phone Number				
Date of Birtinbus	illess illeu	Alea Coue	Filone Number				
Income Qualifier: If this entity is the inc Commercial King Mackerel Comm				olication, i Reef Fish	ndicate below	to which fishery	the income applies.
	.o. o.a. opy 200	- оран					
Second Vessel Owner as shown o			of Documentation	n or Sta	te Registra	tion, or	
	V 62:	sel Lessee					
This entity is a vessel OWNER or vessel	LESSEE	(For lessees o	nly) LEASE START D	ATE:	LEA	SE EXPIRATION	DATE:
Check one INDIVIDUAL or SOLE PROPRI	ETORSHIP	JOINT OWN	ERSHIP PAR	RTNERSHIF	CORPO	DRATION OT	HER
Mailing Desiring May thin be			. 414 4	!!		:it	
Mailing Recipient - Mark this bo			•	ı malı co	_	•	o
Mr/Mrs/Ms Last Name or Name of	Business	First	Name		Middle Nar	ne	Suffix Name
Mailing Address	Apt/Suite #	City		State	County	Zip Code	Country
Physical Address	Apt/Suite #	City		State	County	Zip Code	Country
Check box if same as Mailing Address							
Federal ID # or SSN# Date of Birth/busin	ness filed	Area Cod	e Phone Number				
Income Qualifier: If this entity is the income	qualifier for any	, normite anali	nd for in this applicat	tion india	ata halaw ta :	which fichary tha	incomo applica
Commercial King Mackerel Commercial					ate below to v	vilicii iisileiy the	пкотте аррпеѕ.

4. OFFICER/SHAREHOLDER INFORMATION FOR ENTITIES THAT OWN OR LEASE THE VESSEL

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

essee listed in section 3.	ection for each officer of					1.41	
		partner ass	ociated by partnership, corporat	ion, or oth	ner business r	elationship to a	vessel owner or
hunor or lococo	of the vessels		■.				
Owner or lessee of	of the vessel:	Owner	Lessee				
Business name:							
ederal Tax ID#							
			or lessee must be included in the and registered agents of the bu				
addresses, phone numbe	r, date of birth, and positi	on held in bu	usiness.				
osition held							
	o Procident Secreta	ry Tro	asurer Director/Manager	Agon	t Othor		
Fresident/CLO = Vic	e Fresident 🗀 Secreta	ry 🗀 ne.	asurer — Director/Manager	□ Agen	it 🗀 Other		
Ir/Mrs/Ms Last	Name or Name of Busir	iess	First Name		Middle Nan	ne	Suffix Name
lailing Address	Apt	/Suite # C	ity	State	County	Zip Code	Country
hysical Address	•	t/Suite # C	ity	State	County	Zip Code	Country
Check box if same as Mailing A	Address						
SSN# D	ate of Birth		Area Code Phone Number				
ncome Qualifier: If this	entity is the income qualif	_ fier for any r	ermits applied for in this applica	ition indic	rate helow to	which fishery the	income annlies
Commercial King Mack		_	<u> </u>		cate below to	Willeri History the	псоте аррісз.
	<u>'</u>		<u>'</u>				
osition held							
	e President 🔲 Secreta	ry 🔳 Trea	asurer Director/Manager	Agen	t Other		
President/CEO Vic				Agen			Suffix Name
	e President		asurer Director/Manager First Name	Agen	t Other Middle Nan		Suffix Name
President/CEO Vic	Name or Name of Busir	ness	First Name		Middle Nan	ne	
President/CEO Vic	Name or Name of Busir	ness		Agen			Suffix Name Country
President/CEO Vic	Name or Name of Busir Apt	/Suite # C	First Name	State	Middle Nan	Zip Code	Country
President/CEO Vic	Name or Name of Busin Aptr	/Suite # C	First Name		Middle Nan	ne	
President/CEO Vic	Name or Name of Busin Aptr	/Suite # C	First Name	State	Middle Nan	Zip Code	Country
President/CEO Vice Ir/Mrs/Ms Last Iailing Address Check box if same as Mailing.	Name or Name of Busin Aptr	/Suite # C	First Name	State	Middle Nan	Zip Code	Country
President/CEO Vice Ir/Mrs/Ms Last Iailing Address hysical Address Check box if same as Mailing Address	Aptu	/Suite # C	First Name	State	Middle Nan	Zip Code	Country
President/CEO Vice r/Mrs/Ms Last ailing Address Check box if same as Mailing Address SSN # D	Aptu Aptu Aptu Aptu Aptu Aptu Address Date of Birth	/Suite # Ci	First Name	State	County County	Zip Code Zip Code	Country

5. HISTORICAL CAPTAIN, RED SNAPPER CLASS 1 LICENSE QUALIFIER, AND/OR OTHER INCOME QUALIFIERS

Please copy this page as needed to provide information on persons who are Historical Captains; Red Snapper Class 1 License Qualifiers; and Income Qualifiers/Operators who are not also a vessel owner or lessee, or related though business association to the vessel owner or lessee, as listed in Section 3 or Section 4 of this application.

Please complete this section of the application only if you are applying for:

Historical Captain for Gulf of Mexico Charter/Headboat for Reef Fish

- A Gulf of Mexico Charter/Headboat permit with a Historical Captain provision,
- * A Red Snapper Class 1 License that you have leased from a Red Snapper Class 1 License qualifier, or
- * A King Mackerel, Spanish Mackerel, Reef Fish, or Commercial Spiny Lobster permit for which you have met the income qualification requirement by using the fishing income of an operator who is neither a vessel owner or lessee as listed in Section 3 of this application, nor is the operator an officer or a shareholder of a business that owns or leases the vessel, as listed in Section 4 of this application.

For all other applications, this page should be blank.

This entity is a (check all that apply):

Ir/Mrs/Ms	Last Name or Nam	e of Business		First Name		Middle Na	me	Suffix Name
Mailing Address		Apt/Suite #	City		State	County	Zip Code	Country
Physical Address	s	Apt/Suite #	City		State	County	Zip Code	Country
	as Mailing Address						•	
SSN #	Date of Birth		Are	ea Code Phone Numbe	er			
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				, I				
_	neck all that apply):							
Historical Ca	aptain for Gulf of Mexico							
Historical Ca	aptain for Gulf of Mexico	Charter/Headboat		f Fish stal Migratory Pelagic Fish	n			
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6. REEF FISH TRAPS AND SNAPPER-GROUPER POTS

COMPLETE THIS SECTION ONLY IF YOU FISH WITH TRAPS OR POTS IN EITHER THE COMMERCIAL GULF OF MEXICO REEF FISH OR COMMERCIAL SOUTH ATLANTIC SNAPPER-GROUPER FISHERIES

Tag cost is \$1.30 per tag made payable by check or money order payable to Floy Tag, Inc.

If you have an existing buoy co	olor code for ANY trap or pot fishery, list it here	Color Code	
	buoy color code for ANY trap or pot fishery, e is not an available color option).	Color Code	
Trap/Pot Information			
Gulf of Mexico (GOM)	Number of Traps	South Atlantic (SA)	Number of Traps
Size: L x W x H (in inches)	<u> </u>	Size: L x W x H (in inches)	
Mesh size (in inches)		Mesh size (in inches)	



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 US Treasury. The fee required is \$50.00 for the first fishery and \$25.00 for each additional fishery requested with this application.

7. SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing infomation is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001). Further, the undersigned acknowledges that (1) if a shark permit is received, then shark fishing, catch and gear are subject to the shark regulations cited in 50 CFR 635.5, without regard to where such shark fishing occurs or where such shark and/or gear are possessed, taken or landed; and (2) if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the seperation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 3, or an officer or shareholder of the lessee as listed in Section 4. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 3, or an officer or shareholder of the owner as listed in Section 4.

Applicant Signature	Position in Company	Date	
Print Name	Operator Signature if required		

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 Jason Rueter, National Marine Fisheries Service, F/SER22, 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.