



**APPLICATION TO
PERMANENTLY TRANSFER
NE MULTISPECIES DAYS-AT-SEA (DAS)**

Provide all information requested.

**SUBMIT TO
NE MULTISPECIES DAS TRANSFER PROGRAM
US DEPARTMENT OF COMMERCE, NOAA
NATIONAL MARINE FISHERIES SERVICE
ONE BLACKBURN DRIVE, GLOUCESTER, MA 01930**

**Transferor (Person
Transferring DAS) Information:**

Owner Name: _____

Permit #: _____

Vessel Name: _____

Official #: _____

Transferee (Person receiving DAS) Information:

Owner Name: _____

Permit #: _____

Vessel Name: _____

Official #: _____
(or state registration #)

(or state
registration #)

Conservation Tax to be applied to the DAS of the: transferring / receiving vessel.
(Please circle one)

Baseline of the Transferee (i.e., receiving) Vessel (check one of the options below):

_____ Use Smaller Baseline Between the Two Vessels

_____ Use Larger Baseline Between the Two Vessels

(NOTE: This option will utilize the one-time allowable upgrade for this permit.)

Total Price Paid for Transferred DAS: _____

Signed: _____

Signed: _____
(Transferor)
(Transferee)

Dated: _____

Dated: _____

This form is required to obtain approval for the transfer of DAS under 50 CFR 648.82(l) and to monitor DAS allocation and usage for limited access NE multispecies permit holders. Signature of this form certifies that permit holders comply with limited access permit requirements specified in 50 CFR 648.4, and that the information provided on this form is true, complete and correct to the best of their 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 the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden estimate or any other aspect of this collection of information to NMFS, One Blackburn Drive, Gloucester MA 01930.

OMB Approval No. 0648-0489
Expires 4/30/2007