FEDERAL FISHERIES PERMIT APPLICATION FORM

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE
PACIFIC ISLANDS REGION

For Office Use:
GC
Issued
Transmit

2007

Mail or deliver (do not fax) this application to:

NMFS Pacific Islands Regional Office ATTN: Permits 1601 Kapiolani Blvd., Suite 1110 Honolulu, Hawaii 96814-4700

Tel: (808) 944-2200

OMB Control No.: 0648-0490

Expiration Date: 11/30/2009

(Check ✔ one or more appropriate circle(s) for types of permit a	application)				
1. PELAGIC:					
· ·	r money orders payable to:		AA)		
Hawaii Closed Area Exemp		·			
Western Pacific Longline General F		Mariana Islands, Pacif	ic Remote Isla	and Areas)	
Western Pacific Receiving Vessel Po					
Pacific Remote Island Areas (PRIA					
2. LOBSTER: Main Hawaiian Islands	American Samo	_	m		
Northern Mariana Islands (NMI)	Pacific Remote I				
3. BOTTOMFISH: Northwestern Hawaiian Islands			1: D	F ¢(5,00)	
Northwestern Hawaiian Islands (Submit supplementary info she			incation Process	sing Fee: \$65.00)	
	Northern Mariana Islan		ote Island Ar	eas	
4. PRECIOUS CORAL: Permit Area (write in):			, co isiana iii	,	
VESSEL NAME:	_ VESSEL OFFICIAI	. NO:	CALL SI	GN:	
VESSEL OWNER: First, Middle, and Last Name,			<u> </u>		
First, Middle, and Last Name, DATE OF BIRTH or INCORPORATION:	or Business Name		Social Securit	•	
DATE OF BIRTH or INCORPORATION: Taxpayer Identification Number Privacy Act Statement: Federal Regulations (at 50 CFR Part 665) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to					
accurately retrieve confidential records related to federal commercial fishery pe					
delinquent amounts arising out of such person's relationship with the governme			6 (Public Law 10	4-134). Personal	
information is confidential and protected under the Privacy Act (5 U.S.C. 552a)	. Business information may be	disclosed to the public.			
RUSINESS CONTACT.		/TITI F•			
BUSINESS CONTACT:(First, Middle, and Last Name, if no	ot same as vessel owner)	(corpor	ate officer, busi	ness owner, partner)	
BUSINESS MAILING ADDRESS:					
Stree	t/PO Box	City	State	ZIP Code	
HOME ADDRESS:					
Street/PO Box	·	City	State	ZIP Code	
Success of Box	•	City	State	211 0000	
BUSINESS PHONE (); HOME PHO	ONE ()	; CELL PHON	E ()		
FAX ()EMAIL:					
APPLICANT:			DATE:		
APPLICANT: DATE: Printed Name & Signature of Vessel Owner/Permit Holder, Corporate Officer, Partner, or Designated Agent					
APPLICANT TITLE: O Vessel owner, O Permit holder, O Corporate officer or partner, O Designated agent, or O Other					
(Check only one) For Permit Transfer: to be completed and signed by originating perm	nit haldan				
101 1 comu 11 unisper. w de completeu unu signeu dy dorginuling permu nouter					
PERMIT TRANSFEROR:			DATE:		
PERMIT TRANSFEROR: Printed First, Middle and Last Name, and Signature of Permit Holder Transferring Permit DATE:					
Permit Number of Transferred Permit:					

NOTE: You must submit: 1) a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from a state/territorial agency (undocumented vessel) showing current vessel owner, 2) payment for the processing fee, if required, with this application form, and 3) if the applicant is an agent, attach a signed letter from the permit holder authorizing the applicant as the agent. It is prohibited to file false information on any application for a fishing permit (50 CFR § 665.15(b)). [version 11/14/06]

(side two)

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Federal Fisheries Application Form - Pacific Islands Region **SUPPLEMENTAL INFORMATION FOR:**

** MAIN HAWAIIAN ISLANDS LONGLINE FISHING PROHIBITED AREA EXEMPTION**

ELIGIBLE VESSEL:	OFFICIAL NUMBER:
Basis for Exemption Eligibility (all boxes must be check eligible):	ed and supporting documents attached to be
☐ Applicant currently holds a Hawaii longline limited entr	y permit
☐ Applicant was the owner or operator of a vessel that made on longline gear prior to 1970 from waters now closed to lo	
☐ Applicant was the owner or operator of a vessel that made on longline gear in at least five (5) years since (and including	de landings of pelagic management unit species taken
☐ Applicant was the owner or operator of a vessel that made caught pelagic management unit species in any calendar years.	de at least 80 percent of its landings of longline-
Legible copies of document(s) demonstrating exemption apply):	eligibility attached (check as many boxes as may
☐ State of Hawaii Catch Reports ☐ Vessel fishing logs	☐ Auction receipts
☐ Signed affidavits (original) ☐ Other (specify):	•
SIGNATURE OF APPLICANT:	

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SUPPLEMENTARY INFORMATION FOR:

If the applicant is an agent, attach a signed letter from the vessel owner/permit holder authorizing the applicant as the agent. It is prohibited to file false information on any application for a fishing permit (50 CFR \$665.15(b)).

Signature of Vessel Owner or Agent:_____

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for Hawaii longline limited access permit renewal/transfer, longline general permit initial issuance/renewal, and receiving vessel permit initial issuance/renewal; 2 hours for main Hawaiian Islands longline fishing prohibited area exemption; 1 hour for permit renewal and landing waiver requests for the Hoomalu and Mau Zones limited access permits; 30 minutes for main Hawaiian Islands, American Samoa, Guam, Northern Mariana Islands (NMI) and Pacific Remote Island Areas (PRIA) crustacean permits; 30 minutes for Guam bottomfish large vessel and NMI bottomfish permits; 30 minutes for precious coral permit initial/re-issuance (established, conditional, refugia, exploratory areas), PRIA troll and handline, bottomfish, and crustacean permits; and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). 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.