

FEDERAL FISHERIES APPLICATION FORM

PACIFIC ISLANDS REGION
 NATIONAL MARINE FISHERIES SERVICE
 1601 Kapiolani Blvd., Suite 1110
 Honolulu, HI 96814-4700
 Ph: (808) 944-2200

OMB Control No.: 0648-0490
 Expiration Date: 11/30/2009

For Office Use
 Reviewed _____
 Issued _____
 Transmit _____

PLEASE PRINT RESPONSES

**American Samoa Pelagic Longline Limited Access Program
 Limited Entry Permit Application**

Version: 11/14/06

Application Type (check only one type): *MAIL OR DELIVER (DO NOT FAX) COMPLETED FORM TO PACIFIC ISLANDS REGION*

(Non-Refundable Application Processing Fee: **\$35.00**, payable by check or money order to: Department of Commerce, NOAA. Charged for all permit transactions unless otherwise noted below)

- Additional Permit Issuance** (Please indicate vessel size classification):
 A = 40' or less **B** = 40.1' – 50' **C** = 50.1' – 70' **D** = 70' or larger
- Registration of vessel** to initial permit or re-registration (applies to vessels which have been sold or sunk): [No application processing fee charged for initial registration of vessel to initial permit]
- Permit transfer** (for permits registered to vessels of size Class **A, B, C, and D**, and Class B-1, C-1, and D-1 after three years)
 Family member Community organization Person with documented participation in the American Samoa longline fishery (participation in vessel size Class A for Class A only)

NAME: _____ Family Relationship: _____
 (Print first and last names, or name of community organization) (if Family member is checked)

- Permit Upgrade** (Only for permit holders with Class A permits. Please indicate vessel class size to which you are upgrading):
 B-1 = 40.1' – 50' **C-1** = 50.1' – 70' **D-1** = 70' or larger
 [Retired permit number: _____] **NOTE:** This option expires 07/31/2009

VESSEL NAME: _____ VESSEL REGISTRATION NUMBER: _____

VESSEL OWNER: _____ SOCIAL SECURITY NUMBER: _____
 (First, Middle and Last Name, or Business Name) (or TAXPAYER IDENTIFICATION NUMBER)

DATE OF BIRTH or INCORPORATION: _____

Use the Supplementary Information Sheet to list names and addresses of owners, partners or officers.

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 permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

BUSINESS MAIL ADDRESS: _____, _____, _____, _____
 (Number, street, apt. no.) (City/Village) (State) (Zip)

BUSINESS PHONE: _____ HOME PHONE: _____ CELL: _____
 (Please include the area code for each number)

FAX: _____ EMAIL: _____

PERMIT APPLICANT: _____ DATE: _____
 (Print first, middle and last name) (Signature)

Additional permit, permit renewal or upgrade, and vessel registration: Permit holder or applicant fills out "Permit Applicant" information above.
Permit transfers: The transferring permit holder completes Permit Transferor information below and signs, and the person receiving the permit fills completes and signs the Permit Applicant information above.

PERMIT TRANSFEROR: _____ DATE: _____
 (Current owner) (Print first and last name) (Signature)

PERMIT NUMBER OF PERMIT WHICH IS BEING TRANSFERRED AWAY: _____

Please submit:

- 1) Payment for the non-refundable application processing fee, if required,
- 2) A copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from the state/territorial agency (undocumented vessel) to register a vessel to the permit,
- 3) Documentation of participation in the American Samoa longline fishery if applying for an Additional Permit, Permit Transfer, or Permit Upgrade, and
- 4) Signed letter from permit holder authorizing the permit applicant as their agent, if the agent is submitting the application.

**American Samoa
Pelagic Longline Limited Access Program
Limited Entry Permit Application**

SUPPLEMENTARY INFORMATION SHEET

Company/Corporation officers, owners, or partners:

NAME	MAILING ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check boxes are for office use only:

- Previous ownership of longline vessel (prior to March 21, 2002): USCG COD _____ or AS Vsl Reg. _____
- Vessel used to legally harvest Pacific pelagic management unit species with longline gear in the EEZ around American Samoa, and those fish were landed in American Samoa, at some time on or prior to March 21, 2002
- Currently holds Class A permit (for permit upgrades)
- Current Protected Species workshop certification (for renewal)

Documented Evidence of Work on AS Longline Fishing Vessel:

_____.

_____.

_____.

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PAPERWORK REDUCTION ACT INFORMATION
Public reporting burden for this collection is estimated as follows: 45 minutes for American Samoa longline limited access initial permit issuance, renewal, transfer or upgrade. Send comments regarding this burden estimate and any other aspects of this collection of information, including suggestions for reducing this burden, to Regional Administrator, NMFS Pacific Islands Region, 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 regulatory changes on person 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 Numbers.