

**FEDERAL PERMIT APPLICATION FOR VESSELS
FISHING IN THE EEZ FOR SHRIMP**

OMB No. 0648-0205
Form Approval Expires: 10/31/06

U.S. DEPARTMENT OF COMMERCE
NOAA FISHERIES PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>



FOR OFFICE USE ONLY
Check/money order #:
Reviewer's Initials/Date:
Violation Date:
Violation Cleared Date:
Expiration Date:

VESSEL INSTRUCTIONS

1. In filling out the information below, most applicable vessel/gear information can be found on the U.S. Coast Guard Documentation or state registration for the vessel. A current copy of the Coast Guard Documentation or if not documented a current copy of the state registration must be provided.
2. The application fee is \$50 for the first permit, \$20 for each additional permit. A non-refundable check or money order made payable to the U. S. Treasury must accompany the application.
3. Please print legibly or type. An incomplete or illegible application will be returned.

PERMITS APPLIED FOR

- Gulf of Mexico Shrimp Permit Gulf of Mexico Royal Red Shrimp Endorsement to the Gulf of Mexico Shrimp Permit.
- South Atlantic Open Access Pinhead Shrimp Permit (does not include South Atlantic Rock Shrimp or South Atlantic Rock Shrimp Limited Entry area endorsement)

VESSEL AND GEAR INFORMATION

CG Doc or State Registration No.
(official number)

Vessel Name

Hull ID Number

Year Built

Length (ft)

Horsepower

Gross tons

Net tons

Fish Hold Capacity (tons; not pounds)

Hull Material

Fuel Type

Fuel Capacity
(gallons only)

Homeport City

Homeport State

How do you store your shrimp on board your vessel
(Freezer or Ice)

How do you harvest your shrimp?
(Shrimp Trawl or other type of harvesting gear)

VESSEL OWNER/LESSEE INSTRUCTIONS

1. Enter the information of the person shown as the **"owner"** on the vessel's Coast Guard Documentation or, if not documented, on the state registration certificate. If the person shown as the **"owner"** is a corporation or partnership, enter the Federal ID number and date the corporation was formed or partnership was filed. If the owner is an individual, enter the Social Security Number. If the vessel is corporately owned, a copy of the Active Articles of Incorporation (for new owners) and a copy of the most current annual business report must be submitted. An inactive corporation will not be issued a permit.

2. By placing an "X" in the Mailing Recipient block, this indicates who you select to receive the permit and all related information.

3. If the vessel is being 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 (i.e., as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee, as well as a copy of current lease agreement with beginning and ending dates. If such lease or written management agreement exists, the lessee is the owner for the purposes of the permit. The lease must be signed by all parties.

<input type="checkbox"/> Mailing Recipient						
Relationship (owner or lessee): <input style="width: 100%;" type="text"/>			Check one <input type="checkbox"/> Individual <input type="checkbox"/> Business			
Last Name	First Name	Middle Name	Prefix Name	Suffix Name		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Mailing Address		City	State	County	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Federal ID #	SSN	Date of Birth/Corp. filed	Phone	Lease Start Date	Lease Expiration Date	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

<input type="checkbox"/> Mailing Recipient						
Relationship (owner or lessee): <input style="width: 100%;" type="text"/>			Check on <input type="checkbox"/> Individual <input type="checkbox"/> Business			
Last Name	First Name	Middle Name	Prefix Name	Suffix Name		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Mailing Address		City	State	County	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Federal ID #	SSN	Date of Birth/Corp. filed	Phone	Lease Start Date	Lease Expiration Date	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

SIGNATURE (The application must be signed and dated.)

The undersigned certifies that he/she meets all applicable requirements for the requested permit.

<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Owner's/Lessee's/Shareholder's Signature	Position (if owner/lessee is a business or partnership)	Date

Officer/Shareholder Information

Company name

Owner or lessee for vessel:

Business ID (Office use only):

Federal ID #

1. All individuals associated with the above-named company must be included in this application. Attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the corporation. Provide names, addresses, phone number, date of birth, and position held in corporation.

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Position held in company		BusinessID # (office use only)			
<input type="text"/>		<input type="text"/>			
Mr. / Mrs. / Ms.	Last Name	First Name	Middle Name	Suffix name (e.g. Jr., Sr., III, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street		Area Code/Telephone		SSN	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City	County	State	Zip Code	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	