NMFS NORTHEAST VESSEL MONITORING PROGRAM

FISHING VESSEL NAME	:		
NMFS FISHERIES PERM	IIT NUMBER:		
COAST GUARD DOCUM	ENTATION/STATE REGISTRATION NUMBER:		
MONITORING FOR (CIR	CLE <u>ALL</u> THAT APPLY):		
SCALLOP MULTISPE	CIES MONKFISH HERRING SURFCLAM/OCE	EAN QUA	\HOGS
NOAA FISHERIES NOF COMPLETING AND MA FISHING TRIP. THE V POSITIONING AND TH	UAHOG VESSEL OWNER/OPERATORS MUST RTHEAST VMS TEAM AT (978) 281-9213 BEFO AILING THIS FORM, AND BEFORE TAKING YOU VMS TEAM WILL VERIFY THAT YOUR VMS UNI AT POSITION REPORTS AND A TEST DECLAR NOAA FISHERIES OFFICE OF LAW ENFORCE	RE UR FIRS IT IS RATION	ST
*** PLEASE COMPLETE	THIS FORM BY PROVIDING ALL REQUESTED IN	FORMA	 ΓΙΟΝ **
I CERTIFY THAT SUBJECT	FISHING VESSEL HAS AN <u>OPERATIONAL</u> VMS UNIT	INSTALLI	ED BY:
PURCHASED FROM:	BOATRACS SKYMATE THRANE	& THRANI	E
INSTALLING DEALER:	NAME, ADDRESS AND TELEPHONE NUMBER:		
DATE OF INSTALLATION:			
SERIAL NUMBER OF VMS UN	NIT:		
E-MAIL ADDRESS OF VESSE	L:		
VMS UNIT ACTIVATED ON VE	ESSEL AND READY TO SEND FISHING ACTIVITY CODES?	□ YES	□ NO
VMS UNIT OPERATING INSTRUCTIONS SENT TO VESSEL OWNER BY VMS VENDO		□ YES	□ NO
VESSEL OWNER TRAINED ON USE OF VMS UNIT BY VMS VENDOR?		□ YES	□NO
AT ALL TIMES. I ALSO UNDE OF 50 CFR §648.9 AND §648.	MS UNIT MUST REMAIN CONNECTED TO THE VMS VENDO FRSTAND THAT I AM SUBJECT TO THE PROVISIONS AND R 10 REGARDING USE OF THE VMS. I HAVE RECEIVED INST STED ABOVE AND UNDERSTAND HOW TO OPERATE THE V	REQUIREM RUCTION	MENTS IS
PERMIT HOLDER'S NAME (pr	======================================		
PERMIT HOLDER'S SIGNATU	RE: DATE:		

SEND THIS ORIGINAL, COMPLETED FORM TO:

NOAA FISHERIES NE OFFICE OF LAW ENFORCEMENT 1 BLACKBURN DRIVE, ROOM 206 GLOUCESTER, MA 01930 ATTN: VMS PROGRAM

or fax to 1-978-281-9317

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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 data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or suggestions for reducing this burden to: Patricia A. Kurkul, Regional Administrator, Northeast Region, NMFS, 1 Blackburn Drive, Gloucester, MA 01930-2298; and to Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The information will be used in the management of the Atlantic sea scallop, Northeast multispecies, monkfish and herring fisheries by insuring compliance with VMS regulations listed under 50 CFR §648.9 and §648.10 (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. Any information submitted by any person to obtain a permit is not confidential, and may be disclosed upon request.