

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS BRANCH, F/SER1
 263 13th Avenue South
 St. Petersburg, FL 33701
 727/824-5326 (8:00 am - 4:30 pm ET)
 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Check or Money Order Number	
Violation Date	
Violation Clear Date	
Non Compliance Hold Date	
Non Compliance Cleared Date	
Expiration Date(s)	

REMEMBER TO SEND A COPY of your current (not expired) USCG Certificate of Documentation (or, if the vessel is not documented, your state vessel registration) must accompany this application or be on file with our office. Do not send your original. We cannot accept a bill of sale.

1. VESSEL INFORMATION

<p>OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented)</p> <input style="width: 95%;" type="text"/> <p>STATE REGISTRATION NUMBER (as applicable)</p> <input style="width: 95%;" type="text"/> <p>VESSEL NAME</p> <input style="width: 95%;" type="text"/> <p>HULL IDENTIFICATION or IMO NUMBER</p> <input style="width: 95%;" type="text"/> <p>HAILING PORT CITY</p> <input style="width: 95%;" type="text"/> <p>HAILING PORT COUNTY OR PARISH HAILING PORT STATE</p> <div style="display: flex; justify-content: space-between;"> <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> </div>	<p>YEAR BUILT</p> <input style="width: 95%;" type="text"/> <p>CREW SIZE, INCLUDING CAPTAIN</p> <input style="width: 95%;" type="text"/> <p>HOLD (fish box) CAPACITY (Pounds of Harvest)</p> <input style="width: 95%;" type="text"/>	<p>LENGTH (FEET)</p> <input style="width: 95%;" type="text"/> <p>TOTAL FUEL CAPACITY (GALLONS)</p> <input style="width: 95%;" type="text"/> <p>FUEL TYPE</p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER _____</p>	<p>TOTAL HORSEPOWER</p> <input style="width: 95%;" type="text"/> <p>PRODUCT STORAGE (check all that apply)</p> <p><input type="checkbox"/> ICE</p> <p><input type="checkbox"/> FREEZER</p> <p><input type="checkbox"/> LIVE WELL</p> <p><input type="checkbox"/> OTHER _____</p>
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USCG DOCUMENTED VESSELS ONLY

GROSS TONS	NET TONS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PASSENGER CAPACITY DATA FOR CHARTER/ HEADBOAT VESSELS

UNINSPECTED VESSEL - "6-PACK"

USCG INSPECTED VESSEL
 (Specify passenger Capacity as listed on the USCG Certificate of Inspection)

This vessel is best described as (select 1)

Commercial Fishing

Headboat

Charter

For Shark and Swordfish Directed and Incidental Permit Applicants Only: Does your vessel fish with, or carry onboard, either longline or gillnet gear?

Yes No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".

2. PERMITS

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

OPEN ACCESS COMMERCIAL PERMITS FISHERY	NEW	RENEWAL	DUPLICATE
COMMERCIAL ATLANTIC DOLPHIN/ WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC ROCK SHRIMP (RS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF ROYAL RED SHRIMP (GRRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPEN ACCESS CHARTER/HEADBOAT PERMITS FISHERY	NEW	RENEWAL	DUPLICATE
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/ HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLANTIC CHARTER/ HEADBOAT FOR DOLPHIN/ WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIMITED ACCESS/MORATORIUM CHARTER/ HEADBOAT and COMMERCIAL PERMITS

FISHERY	TRANSFER	RENEWAL	DUPLICATE
GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (RCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO SHRIMP (SPGM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISTORICAL CAPTAIN GULF OF MEXICO CHARTER/HEADBOAT FOR REEF FISH (HRCG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KING MACKEREL (KM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GILLNET FOR KING MACKEREL (GN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF OF MEXICO REEF FISH (RR, RRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC ROCK SHRIMP LIMITED ENTRY AREA ENDORSEMENT (RSE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1, ST1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2, ST2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH DIRECTED (SFD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH HANDGEAR (SFH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWORDFISH INCIDENTAL (SFI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHARK DIRECTED (SKD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHARK INCIDENTAL (SKI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. VESSEL OWNER AND LESSEE INFORMATION

Please copy this page as needed to provide information on all persons or businesses that own or lease the vessel listed in Section 1.

- 1) Please complete this section for each owner of the vessel as shown on the Coast Guard Documentation or, if not documented, on the state registration certificate. If the owner is a business or partnership, enter the Employer ID number and date the business was formed or partnership was filed. If the owner is an individual, enter the Social Security Number.
- 2) Complete the Additional Owner or Lessee section for a second joint owner if the vessel is owned by more than one owner, or if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. If you need more spaces, copy the blank form or provide the required information on a separate sheet of paper.
- 3) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information. Please only mark one box.
- 4) If the vessel is 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 (as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee. If you need more spaces for additional lessees, copy the blank form or provide the required information on a separate sheet of paper.

Vessel Owner as shown on the USCG Certificate of Documentation,
or for undocumented vessels, the State Registration; and/or Vessel Lessee Information

This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input style="width: 100px;" type="text"/>		LEASE EXPIRATION DATE: <input style="width: 100px;" type="text"/>	
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP		<input type="checkbox"/> JOINT OWNERSHIP	<input type="checkbox"/> PARTNERSHIP
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person			
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle 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"/>
Mailing Address	Apt/Suite #	City	State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
			County/parish
			<input style="width: 100%;" type="text"/>
			Zip Code
			<input style="width: 100%;" type="text"/>
			Tax
			<input style="width: 100%;" type="text"/>
			Country
			<input style="width: 100%;" type="text"/>
Physical Address	Apt/Suite #	City	State
<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"/> Check box if same as Mailing Address			County/parish
			<input style="width: 100%;" type="text"/>
			Zip Code
			<input style="width: 100%;" type="text"/>
			Country
			<input style="width: 100%;" type="text"/>
Tax ID #	Date of Birth/business filed	Area Code	Phone Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.			
<input type="checkbox"/> Commercial King Mackerel <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Spanish Mackerel <input type="checkbox"/> Reef Fish			

Second Vessel Owner as shown on the USCG Certificate of Documentation or State Registration, or
Vessel Lessee

This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input style="width: 100px;" type="text"/>		LEASE EXPIRATION DATE: <input style="width: 100px;" type="text"/>	
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP		<input type="checkbox"/> JOINT OWNERSHIP	<input type="checkbox"/> PARTNERSHIP
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person			
Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle 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"/>
Mailing Address	Apt/Suite #	City	State
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
			County/parish
			<input style="width: 100%;" type="text"/>
			Zip Code
			<input style="width: 100%;" type="text"/>
			Country
			<input style="width: 100%;" type="text"/>
Physical Address	Apt/Suite #	City	State
<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"/> Check box if same as Mailing Address			County/parish
			<input style="width: 100%;" type="text"/>
			Zip Code
			<input style="width: 100%;" type="text"/>
			Country
			<input style="width: 100%;" type="text"/>
Tax ID #	Date of Birth/business filed	Area Code	Phone Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.			
<input type="checkbox"/> Commercial King Mackerel <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Spanish Mackerel <input type="checkbox"/> Reef Fish			

REMINDER: THE APPLICANT MUST SIGN THE APPLICATION IN THE SIGNATURE SECTION ON PAGE 6

4. OFFICER/SHAREHOLDER INFORMATION FOR ENTITIES THAT OWN OR LEASE THE VESSEL

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

1) Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to a vessel owner or lessee listed in section 3. You must provide the information for all officers that are shown on your most recent annual report. For Red Snapper IFQ Shareholders, the percentages of the company ownership are required and must total 100%.

Owner or lessee of the vessel: Owner Lessee

Business name:

Federal Tax ID #

All individuals associated with the above-named vessel owner or lessee must be included in this application. Photocopy this page or attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business. Provide names, Tax Identification Numbers, addresses, phone number, date of birth, and position held in business.

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent of Company ownership
 (Required only for Red Snapper IFQ shareholders)

Mr/Mrs/Ms **Last Name** **First Name** **Middle Name**

Mailing Address **Apt/Suite #** **City** **State** **County/parish** **Zip Code** **Country**

Physical Address **Apt/Suite #** **City** **State** **County/parish** **Zip Code** **Country**

Check box if same as Mailing Address

Tax ID # **Date of Birth** **Area Code** **Phone Number**

Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.
 Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent of Company ownership
 (Required only for Red Snapper IFQ shareholders)

Mr/Mrs/Ms **Last Name** **First Name** **Middle Name**

Mailing Address **Apt/Suite #** **City** **State** **County/parish** **Zip Code** **Country**

Physical Address **Apt/Suite #** **City** **State** **County/parish** **Zip Code** **Country**

Check box if same as Mailing Address

Tax ID # **Date of Birth** **Area Code** **Phone Number**

Income Qualifier: If this entity is the income qualifier for any permits applied for in this application, indicate below to which fishery the income applies.
 Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

REMINDER: THE APPLICANT MUST SIGN THE APPLICATION IN THE SIGNATURE SECTION ON PAGE 6

5. HISTORICAL CAPTAIN OR OTHER INCOME QUALIFIER (DESIGNATED OPERATOR)

Provide information on person who is the Historical Captain for Gulf of Mexico Charter/Headboat Historical Captain permit(s) and/or the designated Operator (income qualifier) who is not the vessel owner or lessee, or related through business association to the vessel owner or lessee, as listed in Section 3 or Section 4 of this application.

Please complete the top part of this section of the application only if you are applying for:

- * A Gulf of Mexico Charter/Headboat permit with a Historical Captain provision (renewal or transfer),
- * A King Mackerel, Spanish Mackerel, Reef Fish, or Commercial Spiny Lobster permit for which you have met the income qualification requirement by using the fishing income of a designated operator who is neither a vessel owner or lessee as listed in Section 3 of this application, nor is an officer or a shareholder of a business that owns or leases the vessel, as listed in Section 4 of this application.

Please complete the bottom part of this section of the application only if you are applying for:

- * A King Mackerel, or Spanish Mackerel permit for which you have met the income qualification requirement by using the fishing income of a company that is not the vessel owner or lessee as listed in Section 3 of this application.

For all other applications, this page should be blank.

This person is a (check all that apply):

- Historical Captain for Gulf of Mexico Charter/Headboat for Reef Fish
 Historical Captain for Gulf of Mexico Charter/headboat for Coastal Migratory Pelagic Fish
 Income Qualifier for: (check all that apply) Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel Reef Fish

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID #	Date of Birth	Area Code	Phone Number				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

6. SNAPPER-GROUPER POTS

COMPLETE THIS SECTION ONLY IF YOU FISH WITH
 SEA BASS POTS IN THE SOUTH ATLANTIC SNAPPER-GROUPER FISHERY.
 AS OF FEBRUARY 07, 2007 FISH TRAPS ARE NO LONGER ALLOWED IN THE GULF OF MEXICO REEF FISH FISHERY.

Tag cost is \$1.50 per tag made payable by check or money order to Floy Tag, Inc.

If you have an existing buoy color code for ANY trap or pot fishery, list it here Color Code

If you do not have an existing buoy color code for ANY trap or pot fishery, request your choice here (white is not an available color option). Color Code

South Atlantic Sea Bass Pot Information Number of Pots

Size: L x W x H (in inches)

Mesh size (in inches)
 Height x width

IF SECTION 5 OF THIS PAGE IS FILLED OUT, THE HISTORICAL CAPTAIN OR OTHER INCOME QUALIFIER LISTED MUST SIGN THE SIGNATURE SECTION AS THE APPLICANT ON PAGE 6.



Payment Reminder:

All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the US Treasury. The fee required is \$25.00 for the first fishery and \$10.00 for each additional fishery requested with each application.

FEE SCHEDULE:

1 PERMIT - \$25	2 PERMITS - \$35	3 PERMITS - \$45	4 PERMITS - \$55	5 PERMITS - \$65	6 PERMITS-\$75
7 PERMITS-\$85	8 PERMITS - \$95	9 PERMITS - \$105	10 PERMITS-\$115	11 PERMITS-\$125	12 PERMITS-\$135
13 PERMITS-\$145	14 PERMITS-\$155	15 PERMITS-\$165	16 PERMITS-\$175	17 PERMITS-\$185	18 PERMITS-\$195

7. SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001). Further, the undersigned acknowledges that (1) if a shark permit is received, then shark fishing, catch and gear are subject to the shark regulations cited in 50 CFR 635.5, without regard to where such shark fishing occurs or where such shark and/or gear are possessed, taken or landed; and (2) if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 3, or an officer or shareholder of the lessee as listed in Section 4. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 3, or an officer or shareholder of the owner as listed in Section 4.

Applicant Signature	<input type="text"/>	Position in Company	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Operator Signature if required	<input type="text"/>		

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the 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 suggestions for reducing this burden to Jason Rueter, National Marine Fisheries Service, F/SER22, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.