

## Highly Migratory Species Observer Notification Form

**This form is provided for your response.** Please provide the information requested below and return by mail or FAX (305-361-4282) at least 5 days prior to your estimated departure. If the vessel is not fishing or is involved in another fishery during the selection period, please indicate this under Vessel Fishing Status.

Captain's Name: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Documentation/Vessel Number: \_\_\_\_\_ Overall Length: \_\_\_\_\_(ft)

Crew Size: \_\_\_\_\_ (include skipper) Bunk Capacity: \_\_\_\_\_ Life Raft Capacity: \_\_\_\_\_

Contact Person/Telephone Number(s): \_\_\_\_\_

<b>Communication Equipment</b> (please check)	<b>Commercial Fishing Vessel Safety Examination Decal</b>
Cellular phone:	Serial Number:
VHF:	Date of issuance: _____/_____/_____ <b>Month</b> <b>Year</b>
Single Side Band:	
Call sign:	

### **Vessel Fishing Status:**

### **Port of Departure:**

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ (AM or PM)

### **Expected Landing Port:**

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Anticipated Landing Date: \_\_\_\_\_

*I certify under penalty of perjury under the laws of the United States of America that the information given on this form is true and correct, and that I have full authority to execute this form.*

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*Signature*

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*Date*

*For the Pelagic Observer Program, please return by mail to SEFSC Pelagic Observer Program, 75 Virginia Beach Dr. Miami, FL 33149 or fax to 305-361-4282. For questions call 800-858-0624.*

*For the Shark Observer Program, please return by mail to SEFSC Shark Bottom Longline Observer Program, 3500 Delwood Beach Rd, Panama City, FL 32408-7403 or fax to (850) 235-3559. For questions call (850) 234-6541.*

**PAPERWORK REDUCTION ACT STATEMENT:** Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory for managing HMS fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. 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. This is an approved information collection under OMB Control No.: 0648-0374 and Expiration Date: 09/30/2008.