

# MARINE MAMMAL AUTHORIZATION PROGRAM

## **Registration Form**

Regulations implementing section 118 of the Marine Mammal Protection Act (50 CFR 229.4) requires the owner of a commercial fishing vessel engaged in a Category I or II fishery to obtain an authorization for the incidental take of marine mammals. Failure to obtain an authorization, or to maintain a current and valid authorization, shall subject vessel owners to the penalties of the Marine Mammal Protection Act. If you will be participating in one of the Category I or II fisheries listed on the insert of this application, complete the following:

Please PRINT LEGIBLY and in CAPITAL LETTERS, all responses in the blocks provided. See page 6 for complete instructions.

VESS	SSEL NAME														۷E	ss	EL	STA	STATE REG. NO				COA	ST	GUARD DO				C. NO.			LENGTH										
																																							T	T		
ном	E POR	TΩ	F VF	SSE	ı - C	HTY																									S	TATI	=				ON	∟ י mı	/FS	SFI	LIC.	
NO.	1	<del> •</del>			`	····			I	_	_			1	1	1		1		_	- 1		1	-	- 1		1	1	1	_	_		_				T	T	T	T		
											$\perp$																															
LAST	NAME	E OF	PRI	ИAF	Y VE	SSE	L O	WN	IER												F	IRS	ΤN	ΑM	E C	)F P	RIM	ARY	VE	SSE	L O	WNE	R					M.I	_	_		
LAST	NAM	E OF	SEC	ON	DAR	Y VE	SS	FL	owi	NEF	₹ (if	an	nlic	able	)										FII	RST	NA	ME	OF :	SEC	ONE	)AR	y VI	FSS	EL	OWI	NFR					
M.I.	I	<u> </u>	T	I		T	T		<u> </u>	Ī	Ť	1	pilo		, T	T	I	l	Τ	T	1		1	Г	1			<u> </u>	<u> </u>	T	T	I	1		Ι_	<u> </u>	T	T		Г		
										<u> </u>														L				<u> </u>												L		
CORI	PORAT	TE N	AME	(if	applio	able	e)																																			
MAILING ADDRESS (for business correspondence)																																										
	1110 A	I	T	1	Dus	I	3 C	0111	I	T		с) П		1	1	1	-	11	-	1	1			11	-			1	1	- 11	1	-	-1			II .	-	_	_	_	_	
											$\perp$																															
CITY																											ST	ΔTE			ZIP	COI	DE			_						
TELEPHONE NUMBER (including area code)																																										
TELEPHONE NUMBER (including area code)  Fax Number (including area code)																																										
							L		<u> </u>																		!		L				J	_								
										_	_	_																														
LAST	NAM	E OF	OPE	ERA	TOR	(if c	liffe	erer	t th	an (	own	ıer)												1	FIR	ST I	MAN	E O	F OF	PER	ATO	R						М.І.				
									<u> </u>								- 1		1	-							1										-1			_		
MAIL	ING A	DDF	ESS	(fo	bus.	ines	s c	orre	espo	nde	enc	e)																														
OLTY	Ш																				-										71D /								- 1	- 1		
CITY		1	Т	Т	1		1			Т	Т	Т			I	I	1		1	T	ı		I	T			51/	ATE	1	Г	ZIP (	Т	<u> </u>		1	1		Т	Т	1		
			-							L	<u>L</u>								<u> </u>										╛	L												
TELE	PHON	IE N	IIMD	ED	(incl	ıdin	~ ~	roo		40/																	En	v Ni	ımh	or (	incl	udin		roo		10)						
	IFRON	IE IN	CIVID	T	(inci	Jam	y a	irea	1	I	Τ													Г			га	ואו ר		T (	Inch	uain	iy a	rea		16)	Τ	1				
							L		I															L			I	J	<u> </u>	I			L		<u> </u>	1						
For	Admini	strați	ve Us	e On	ly:																																					
	M.O.	(	)	heck	N	lo				R	eceiv	ed l	Ву:					Г	ate:							Ce	rtifica	te Is	sued	By:	_					Da	ite:					
	M.O.		(	песк	. 1	NO				K	eceiv	ed I	Бу:					 	ate:	_						Ce	runca	16 18	sueu	Бу:	-				•	Di	ite:					

## MARINE MAMMAL AUTHORIZATION PROGRAM

#### Certification

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THE ABOVE NAMED VESSEL (OR NON-VESSEL FISHING GEAR), OR THAT I AM AUTHORIZED TO REGISTER FOR THIS AUTHORIZATION ON BEHALF OF THE OWNER, THAT I HAVE REVIEWED ALL INFORMATION CONTAINED IN THIS DOCUMENT, AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Sig	gnature															Date																							
IF THIS REGISTRATION IS SIGNED BY A PERSON OTHER THAN THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE ABOVE-NA VESSEL, PLEASE COMPLETE THE FOLLOWING:															AME																								
LAS	T NAME OF REPRESENTATIVE FIRST NAME OF REPRESENTATIVE															VE				M.I.																			
ADD	RES	SS																															Ι	Ι	Ι				
CITY																									s	TAT	E		ZI	P C	DDE		I		$\prod_{-}$				
								<u>l</u>											<u> </u>	1													<u>I</u>						
				ald	one	a w	rith	ı a	ch	ec	k i	n t	he a					-			_		ior he				ı N	lar	ine	: Fi	sh	erie	es :	Se	rvi	ce.			

Lyle Enriquez NMFS Southwest Region 501 West Ocean Blvd, Suite 4200 Long Beach, CA 90802 562 / 980-4024 e-mail: Lyle.Enriquez@noaa.gov

to the nearest NMFS regional office listed below. (Please allow 30 days for processing):

- ...a... \_,....q...\_ \_...a..g. .

This collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1387) and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to approximate fishing effort in various fisheries which impact marine mammal populations in U.S. waters and to alert vessel owners of applicable rules and regulations regarding the incidental take of marine mammals in commercial fishing operations. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for new applications and 9 minutes per response for renewals, 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 aspect of this collection of information, including suggestions for reducing this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910, (301) 713-2332.

## MARINE MAMMAL AUTHORIZATION PROGRAM

### **Registration Form Instructions**

**VESSEL NAME:** Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank. A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH VESSEL, OR EACH FIXED GEAR SITE FOR A NON-VESSEL FISHERY.

**LENGTH (FT):** Enter the overall length of the vessel, in feet.

HOME PORT OF VESSEL - CITY, STATE: Enter the city and state where the vessel is registered.

**VESSEL STATE REGISTRATION NO./COAST GUARD DOCUMENTATION NO.:** Enter either the vessel's state registration number OR Coast Guard Documentation number. One of these numbers must be provided or an authorization cannot be granted. In the case of non-vessel fisheries, enter the site permit or set-net license number.

**STATE COMMERCIAL VESSEL LICENSE NO.:** Enter the vessel's state commercial fishery vessel license number, if applicable. In Alaska, this is the ADFG commercial fishery vessel license number. In California, this is the CDFG commercial fishery vessel license number.

PRIMARY VESSEL OWNER: Enter the vessel owner's last name, first name, and middle initial.

**SECONDARY VESSEL OWNER:** If the vessel is jointly owned, enter the secondary vessel owner's last name, first name, and middle initial.

**CORPORATE NAME:** If the vessel is owned by a corporation, enter the full legal name of that corporation.

MAILING ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER: Enter the address that the vessel owner or corporate owner uses for business correspondence. Enter the vessel owner's phone number, including area code.

**SOCIAL SECURITY NUMBER:** If the vessel owner participates in an Alaska Fishery, enter the vessel owner's social security number. THIS INFORMATION IS OPTIONAL.

**OPERATOR:** If the operator of the vessel is different than the owner, enter the operator's last name, first name, and middle initial.

**MAILING ADDRESS, CITY, STATE, ZIP CODE, and TELEPHONE NUMBER:** Enter the address that the operator of the vessel uses for business correspondence. Enter the vessel owner's phone number and fax number, including area code.

**FISHERIES CHECKLIST:** Check the circle corresponding to the fishery or fisheries in which you will participate during the next year. Registration for fisheries marked with an asterisk (\*) has been integrated with existing state and Federal permitting and licensing programs. If you have a valid permit to participate in any of the fisheries marked with an asterisk (\*), you are not required to submit an MMAP registration form and processing fee in order to receive a Marine Mammal Authorization Certificate. However, if you participate in any of the fisheries not marked with an asterisk (\*), you must complete this form and mail it to NMFS, along with the \$25 processing fee. If you will not be participating in any of the fisheries identified on the checklist, you do not need to fill out this registration form.

**CERTIFICATION:** The vessel owner or operator must sign and date the registration form. If someone filled out the form other than the vessel owner or operator, enter the representative's full name and address.

**MAILING INSTRUCTIONS:** After completing the registration form, mail it, along with a check in the amount of \$25, payable to the *National Marine Fisheries Service*, to the nearest NMFS regional office address listed on page 7. A Marine Mammal Authorization Program certificate and decal will be sent to you in the mail. The decal must be displayed on the port side of the vessel's cabin or hull, and the certificate must be in the possession of the vessel operator while engaged in commercial fishing operations.