FEDERAL FISHERIES PERMIT APPLICATION FORM



owner.

U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION NATIONAL MARINE FISHERIES SERVICE

PACIFIC ISLANDS REGION

200x

Mail or deliver this application to:

NMFS Pacific Islands Regional Office ATTN: Permits 1601 Kapiolani Blvd., Suite 1110 Honolulu, Hawaii 96814-4733

Tel: (808) 944-2200; FAX: (808) 973-2940

OMB Control No: 0648-0xxx

Expiration Date: xx/xx/xxxx

WESTERN PACIFIC CRUSTACEANS PERMIT

Crustacean Fisheries of the Western Pacific Region

| Please Print Legibly. at bottom of page. | Items marked with | * are required. Please fill in | other items as co | mpletely as poss | ible. Note | e require | d documents | |
|--|---|--|--|---|---|----------------------------|--------------------------------|--|
| *PERMIT TYPE: | ○ Lobster; ○ D | eepwater Shrimp (check or | ıly one) | | | | | |
| *PERMIT AREA: | 1. Northwestern Hawaiian Islands OR | | | | | | | |
| *VESSEL NAME: | | | *VESSE | L OFFICIAL N | | | | |
| *VESSEL LENGTH | ł OVERALL: | (feet) | RADIO CALL S | IGN: | | or CNMI | number) | |
| *VESSEL OWNER: First, Middle, & Last Name or Business Name *DATE OF BIRTH OR INCORPORATION: | | | | | Taxpayer Identification Number (*If a business owns the vessel) | | | |
| applicant(s) and to accurate collection and reporting or | ely retrieve confidential in any delinquent amounts | O CFR Part 665) authorize collect records related to federal commer a arising of such person's relation fidential and protected under the | cial fishery permits. The ship with the government | ne primary purpose fent pursuant to the D | or requesting ebt Collection | g the TIN is on Improve | s for the ement Act of 1996 | |
| *BUSINESS CONT | ACT: | /TITLE: Middle, & Last Name, if not same as vessel owner) (Corporate Officer, Business Owner, Partner) | | | | | | |
| | (First, | Middle, & Last Name, if not sam | e as vessel owner) | (0 | orporate Offi | cer, Busine | ess Owner, Partner) | |
| *BUSINESS MAIL | ING ADDRESS: _ | Street/PO Box | | City | | State | ZIP Code | |
| *BUSINESS PHON | E () | ; CELL PHONE (|) | • |) | | | |
| EMAII | | | | | | | | |
| *APPLICANT: Printed Name and Signature of Person Submitting Application | | | | | *DATE: | | | |
| *APPLICANT TIT | Printed Nar LE: O Vessel owner | ne and Signature of Person Subm , | itting Application rate Officer or Partne | er, O Designated | Agent, or (| | Check only one) | |
| *Application is for a | new permit? | or a renewal? | | | | | | |
| REQUIRED DOCU 1) A copy of the vess state/territorial agenc 2) Payment by check | MENTS: You mussel's current U.S. Coy (undocumented very for the non-refunda | t submit the following with ast Guard Certificate of Doessel) showing the current ble application processing authorizing the applicant a | ocumentation (docuvessel owner, fee of \$, payab | umented vessel) ble to Departmen | nt of Comn | nerce, N | OAA, and | |

It is prohibited to file false information on any application for a fishing permit (50 CFR § 665.15(b)).

(side two)

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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for the WP crustaceans permit application and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or businesses of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(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.