

No. 000001

## NOAA FISHERIES SERVICE WESTERN PACIFIC LOBSTER SALES REPORT

Vessel Name \_\_\_\_\_ Permit Number \_\_\_\_\_

Name of First Level Buyer \_\_\_\_\_

(Fill out a separate form for each buyer)

Business Address \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ FAX number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

All lobsters off-loaded to this buyer (yes/no) \_\_\_\_\_

Port of Landing \_\_\_\_\_ Date of landing \_\_\_\_\_

Location of off-load \_\_\_\_\_ Date all lobsters off-loaded \_\_\_\_\_

### SALES INFORMATION

Species	Frozen Tails			Live			Other product form (specify)		
	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)
Spiny Lobster									
Slipper Lobster									
Octopus									
Other (specify)									
Other (specify)									
Other (specify)									

PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT?: YES \_\_\_/NO \_\_\_

I certify that the above information is complete and true to the best of my knowledge.

Vessel Captain/operator: (Print name) \_\_\_\_\_

(signature) \_\_\_\_\_

Date: \_\_\_\_\_

## **Paperwork Reduction Act Information**

Public reporting burden for this collection is estimated to average 5 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 aspect of this collection of information, including suggestions for reducing this burden, to Regional Administrator, Pacific Islands Region, NMFS, 1601 Kapiolani Blvd., Suite 1110, Honolulu, HI 96814.

This information is being collected to provide information needed by NMFS to regulate and monitor bottomfish management unit species under the Fishery Management Plan for Bottomfish in the Western Pacific Region (FMP) and to evaluate the effectiveness of management by assessing the status of stocks and the status of the fisheries. The information will provide a basis for determining whether changes in management are need to sustain the productivity of the stocks or to respond to interactions between fishing vessels and protected species and to address economic problems in the fishery. The information is also used to provide a basis for evaluating the magnitude and distribution of impacts resulting from changes to the regulations. Responses to the collection are required under 50 CFR 665.14. Propriety data provided concerning the vessel and/or business 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.

# INSTRUCTIONS FOR COMPLETING THE WESTERN PACIFIC LOBSTER SALES REPORT

**VESSEL NAME:** Name of fishing vessel.

**PERMIT NUMBER:** Western Pacific Crustacean Fishery Permit number.

**NAME OF FIRST LEVEL BUYER:** Name of the first level buyer, i.e. initial buyer of the product from the permit holder.

**BUSINESS ADDRESS:** Address of first level buyer.

**TELEPHONE NUMBER:** Business or other contact telephone number of *first level buyer*

*First level buyer:* (1) the first person who purchases, with the intention to resell management unit species or portions thereof that were harvested by a vessel that holds a valid permit or is otherwise regulated under Subpart D of 50 CRF Part 660; or (2) a person who provides recordkeeping, purchase, or sales assistance in the first transaction involving management unit species (such as the services provided by a wholesale auction facility).

**FAX NUMBER:** FAX number of the first level buyer.

**E-MAIL ADDRESS:** e-mail address of first level buyer.

**ALL LOBSTERS OFFLOADED TO THIS BUYER:** Yes or No.

**PORT OF LANDING:** Port of vessel return (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

**DATE OF RETURN:** Date of vessel return to port.

**LOCATION OF OFF-LOAD:** Port of off-load (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

**DATE ALL LOBSTERS OFF-LOADED:** Date of completion of offloading.

## SALES INFORMATION

Values should be input into the correct column matching the species and product form.

**SPECIES:** If species is not listed then fill in the species in the "Other (specify)" box.

**Sold (circle one) No. or Wt. (lbs):** List total number or weight **sold**, circle No. or Wt. to indicate unit of measure.

**Not Sold (circle one) No. or Wt. (lbs):** List total number or weight **not sold**, circle unit i.e. No. or Wt. to indicate unit of measure.

**Value:** Total **value** (\$) of the product.

**PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT:** Circle Yes or No. If yes, then attach the packing/weighout documentation to this form.

**VESSEL CAPTAIN/OPERATOR:** Print full name, sign on signature line, date of report completion.

## VESSEL REPORTING OBLIGATION REQUIREMENTS

The vessel captain/operator must submit to the National Marine Fisheries Service, within 72 hours of offloading of lobster, an accurate and complete lobster sales report (one for each first level buyer) and attach packing/weighout documentation if provided by the first level buyer(s).

Upon request any first level buyer must allow an authorized officer of the National Marine Fisheries Service or designee of the Regional Administrator to access, inspect, and copy all records relating to the harvest, sale, or transfer of any product taken by a vessel that has permits issued under 50 CRF 660.41.