



Revised: 02/03/2009

	APPLICATION FOR AMERICAN FISHERIES ACT (AFA) PERMIT FOR REPLACEMENT VESSEL	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management P.O. Box 21668 Juneau, AK 99802-1668	
<i>BLOCK A - IDENTIFICATION OF LOST AFA QUALIFIED VESSEL</i> Attach USCG Form 2692 or insurance papers to verify the loss.			
1. Vessel Name:		2. ADF&G Vessel Registration Number:	
		3. USCG Documentation Number:	
		4. AFA Permit Number:	
5. Gross Tons:	6. Shaft Horsepower:	7. Registered Length:	
8. Owner Name			
9. Business Mailing Address		10. Business Telephone Number:	
		11. Business Fax Number:	
		12. Business E-mail Address:	
13. What was the last year in which this vessel harvested or processed pollock in a BSAI directed pollock fishery?			
14. How was the vessel lost or destroyed?			

BLOCK B - IDENTIFICATION OF REPLACEMENT VESSEL		
Attach USCG Documentation for this vessel		
1. Vessel Name:	2. ADF&G Vessel Registration Number:	
	3. USCG Documentation Number:	
	4. Federal Fisheries Permit (if known)	
5. Gross Tons:	6. Net Tons:	7. Shaft Horsepower:
8. Registered Length:		9. Current Length Overall:
10. Owner Name(s):		
11. Business Mailing Address:	12. Business Telephone Number:	
	13. Business Fax Number:	
	14. Business E-mail Address:	
15. Was the vessel built in the United States? YES [] NO []	16. Has the vessel ever been rebuilt? If YES, was it rebuilt in the United States? YES [] NO [] YES [] NO []	

BLOCK C - CERTIFICATION OF APPLICANT AND NOTARY	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.	
1. Signature of Owner	2. Date:
3. Printed Name of owner	
4. Notary Public: ATTEST	5. Affix Notary Stamp or Seal Here:
6. Commission Expires:	

Instructions
APPLICATION FOR AFA PERMIT FOR REPLACEMENT VESSEL

Use this application to request replacement of AFA qualified catcher vessels, catcher/processors, and motherships in the event of total or constructive loss of the qualified vessel. Replacement of AFA qualified vessels is authorized at Section 208(g) of the AFA.

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed to:

**National Marine Fisheries Service (NMFS) Alaska Region,
Restricted Access Management (RAM)
P.O. Box 21668,
Juneau, AK 99802-1668.**

If you need information, contact RAM at 1-800-304-4846 or 907-586-7202.

This form must be notarized. As a result of this requirement, **we will not process applications faxed to us.**

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or a corporate account number for express delivery.

BLOCK A - IDENTIFICATION & OWNERSHIP OF LOST AFA QUALIFIED VESSEL

Provide information as of the time of the actual or constructive loss of the vessel.

Attach USCG form 2692 or insurance papers

1. Vessel Name - Enter complete vessel name as displayed in official documentation.
2. ADF&G Vessel Registration Number - Enter 5-digit State of Alaska Department of Fish & Game (ADF&G) Vessel Registration Number (example: 51233).
3. USCG Documentation Number - Enter U.S. Coast Guard (USCG) documentation number (example: 566722) of qualified vessel.
4. AFA Permit Number - Enter the AFA Permit Number of the qualified vessel.
5. Gross tons - Enter gross tons of qualified vessel.
6. Shaft horsepower - Enter shaft horsepower of qualified vessel.
7. Registered length - Enter registered length (in feet) of qualified vessel.
8. Owner Name(s) - Enter the full name(s) of the vessel owner(s). If there is more than one owner, list the principal owner first; the permit will be issued to the first owner listed, with an *et al.* notation. The permit **MUST** be issued to the owner of the vessel, not operators or lessees.
9. Business Mailing Address - Enter your complete PERMANENT business mailing address, including state and zip code. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your PERMANENT business address on the application and attach a note with your alternate address.
10. Business Telephone Number - Enter business telephone number used by the vessel or processor owner, including area code. It is very important that you provide a telephone number where we can contact you, or where we can leave messages for you; if questions arise concerning your application and we cannot contact you by telephone, issuance of your permit will be delayed.
11. Business FAX Number - Enter business FAX number used by the vessel owner, including area code.
12. Business E-mail address - Enter business E-mail used by the vessel owner
13. Enter the last year in which this vessel harvested or processed pollock in a Bering Sea and Aleutian Islands Management Area (BSAI) directed pollock fishery.
14. Explain in detail how the qualified vessel was lost or destroyed.

BLOCK B - IDENTIFICATION OF REPLACEMENT VESSEL

Coast Guard Documentation for this vessel must be attached to the application

1. Vessel Name - Enter complete vessel name as displayed in official documentation.
2. ADF&G Vessel Registration Number - Enter 5-digit ADF&G vessel registration number (example: 51233) of replacement vessel.
3. USCG Documentation Number - Enter USCG documentation number of replacement vessel.
4. Federal Fisheries Permit - Enter Federal Fisheries Permit number, if known.
5. Gross tons - Enter gross tons of replacement vessel.
6. Net tons - Enter registered net tonnage (U.S. tons) of replacement vessel.
7. Shaft horsepower - Enter shaft horsepower of replacement vessel.
8. Registered length - Enter registered length (in feet) of replacement vessel.
9. Length overall - Enter current length overall (in feet) of replacement vessel.
10. Owner Name(s) - Enter the full name(s) of the vessel owner(s). If there is more than one owner, list the principal owner first; the permit will be issued to the first owner listed, with *et al.* notation. The permit MUST be issued to the owner of the vessel, not operators or lessees.
11. Business Mailing Address - Enter complete PERMANENT business mailing address of owner, including state and zip code. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your PERMANENT business address on the application and attach a note with your alternate address.
12. Business Telephone Number - Enter business telephone number used by the vessel owner, including area code. It is very important that you provide a telephone number to avoid delays in permit processing.
13. Business Fax Number - Enter business Fax number used by the vessel owner, including area code.
14. Business e-mail address - Enter business e-mail used by the vessel owner
15. Was the vessel built in the United States? Answer YES or NO, as appropriate.
16. Has the vessel ever been rebuilt? Answer YES or NO.
If YES, was it rebuilt in the United States? Answer YES or NO as appropriate.

BLOCK C - CERTIFICATION OF APPLICANT AND NOTARY

1. Signature of the owner in the presence of Notary Public.
2. Date this application was signed.
3. Printed name of the owner.
- 4-6. Notary Certification. A Notary Public must Attest and affix Notary Stamp. Notary Public verification cannot be completed by the person submitting this application.

Representatives acting on behalf of an applicant must submit proof of authorization to submit this application on their behalf.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the 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 the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of 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; 2) This information is mandatory and is required to manage the AFA Limited Access Programs under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Submission of this information is required of persons seeking to participate in groundfish fisheries under authority of AFA; 4) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.
