



U.S. DEPARTMENT OF COMMERCE  
 NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
 NATIONAL MARINE FISHERIES SERVICE  
 501 WEST OCEAN BLVD  
 SUITE 4200  
 LONG BEACH, CA 90802

OMB#: 0648-0204  
 APPROVAL EXPIRES: 04/30/2010

**Permit Application Fee: \$30**

**Pacific Highly Migratory Species  
 Vessel Permit Application**

**SECTION 1 VESSEL INFORMATION (please print legibly or type)**

USCG DOC. OR STATE REG. NO. VESSEL		VESSEL NAME		HULL IDENTIFICATION NUMBER	
HOME PORT AND STATE			USCG DOCUMENTED HAIL PORT AND STATE		
RADIO CALL SIGN			DOES THIS VESSEL HAVE AN OPERATIONAL VMS? YES _____ NO _____		
REGISTERED LENGTH (FT.)	REGISTERED BREADTH (FT.)	REGISTERED DEPTH (FT.)	GROSS TONS	NET TONS	
HOLD CAPACITY (SHORT TONS)		HOLD CAPACITY (METRIC TONS)		HOLD CAPACITY (CUBIC METERS)	
PROPULSION TYPE	REFRIGERATION TYPE	HORSEPOWER		HULL MATERIAL	
YEAR BUILT	LOCATION BUILT	CREW SIZE (INCLUDING OFFICERS)	PASSENGER CAPACITY		
PREVIOUS VESSEL NAMES		VESSEL FLAG	EFFECTIVE DATES		

**SECTION 2 SELECT THE TYPE OF GEAR TO BE AUTHORIZED BY THE HMS PERMIT**

COMMERCIAL:			RECREATIONAL:		
HARPOON	PURSE SEINE	CHARTER VESSEL			
TROLL/JIG	LOGLINE				
DRIFT GILLNET	BAITBOAT				

**SECTION 3 VESSEL OWNERSHIP INFORMATION**

COMPANY NAME		DATE CORPORATION FILED	EIN/SSN	DUNNS NO.
BUSINESS ADDRESS		CITY	STATE	ZIP
BUSINESS TELEPHONE	BUSINESS FAX	BUSINESS CELL PHONE	BUSINESS E-MAIL	
MANAGING OWNER NAME LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH (MONTH/DAY/YEAR)
SECOND OWNER NAME LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH (MONTH/DAY/YEAR)
THIRD OWNER NAME LAST	FIRST	MIDDLE	SUFFIX	DATE OF BIRTH (MONTH/DAY/YEAR)

**SECTION 4 SIGNATURE (All applications must be signed and dated)**

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

OWNER'S SIGNATURE:	NAME: (Print legibly or type)	DATE:
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