

NOAA National Marine Fisheries Service Alaska Marine Mammal Observer Program

DATA RELEASE FORM FOR COPIES OF TRIPS

1. The only individuals, excluding authorized NOAA Fisheries personnel, who may request and receive copies of completed AMMOP data forms include: the ADFG fishing permit holder, or a person acting as an authorized representative for the permit holder.
2. Any request for copies of observer forms must be submitted in writing on a form letter (see reverse side), which may be obtained from a NMFS observer or the address below. All signed requests must be sent to the following address:
Program Coordinator, Alaska Marine Mammal Observer Program National Marine Fisheries Service Office of Protected Resources
P.O. Box 21668, Room 461 Juneau, Alaska 99802
3. Upon release of the requested data, the authorized recipient then becomes responsible for it.
4. Data may not be released upon an oral request, or without first completing and signing the authorized release letter mentioned above.
5. Release of data for trips in which more than one fishing permit was observed may only occur if both permit holders or authorized representatives complete and sign data release requests.
6. All letters should be completed in pen, not pencil.

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to ensure that the data for a specific trip is not provided to a person who does not have authority to obtain that data under the confidentiality requirements of the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and the Marine Mammal Protections Act (MMPA). Meeting those confidentiality requirements is critical for collecting information that is used in analyses that support the conservation and management of living marine resources and that are required under the MSA, the Endangered Species Act (ESA), the MMPA, the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 5 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Program Coordinator, Alaska Marine Mammal Observer Program, National Marine Fisheries Service, Office of Protected Resources, P.O. Box 21668, Room 461 Juneau, Alaska 99802. Providing the requested information is required to obtain the observer data you have requested. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E, or as required under Section 118(d)(8) of the MMPA (16 U.S.C. 1387(d)(8)) and regulations at 50 C.F.R. Part 229, Subpart A. 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.

NOAA National Marine Fisheries Service Alaska Marine Mammal Observer Program

DATA RELEASE FOR COPIES OF TRIPS FORM

(Date of Request)

Program Coordinator, Alaska Marine Mammal Observer Program
National Marine Fisheries Service
Office of Protected Resources
P.O. Box 21668, Room 461
Juneau, Alaska 99802

Dear AMMOP Coordinator:

I, _____, a set gillnet permit holder or authorized representative
(Print complete name)

(circle one) of set gillnet permit number # _____ request and
(set net permit number)
authorize the release to myself of data recorded at my set gillnet site by an observer from the
National Marine Fisheries Service, Alaska Marine Mammal Observer Program.

The information I request is from the _____ fishery.
(Name of Fishery)

This information was collected on _____ in _____.
(Date) (Fishing Location)

I am making this request as the permit holder or the authorized representative of the owner(s), of the
said permit. I understand that I am responsible for these data upon release to me by NOAA
Fisheries. I further understand that the data I receive may be preliminary, and not yet completely
reviewed by the Alaska Marine Mammal Observer Program.

(SIGNED NAME)

(PRINTED NAME)

Address to Which Data should be sent:
Street/ PO Box _____

City, State, Zip _____

OFFICE USE ONLY:
Date requested data received/ issued _____
Signature of data releaser _____
Printed name of data releaser _____