

APPLICATION FOR FEDERAL PERMIT FOR THE HARVEST OF AQUACULTURED LIVE ROCK



- New Application \$175.00
- Renewal Application \$31.00

All Information is REQUIRED. Incomplete or unreadable applications will be returned.

Check or Money Order Number:	
Reviewer Initials and Date	
Violation Date:	
Violation Clear Date:	
New Expiration Date:	
Articles of Inc. on file?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERMIT NUMBER	
SITE NUMBER	
FOR OFFICE USE ONLY	

1. APPLICANT (PERMIT OWNER) INFORMATION

PERMIT IS OWNED BY: Individual or Partnership Business

LAST NAME OR NAME OF BUSINESS		FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)	
MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	DATE OF BIRTH	OR DATE BUSINESS FORMED
				MONTH	DAY
				YEAR	
FEDERAL ID NUMBER (FEIN) if a Company Owns Permit		OR	SOCIAL SEC. NUMBER if person(s) own Permit		

2. SITE INFORMATION

SITE NUMBER (AS ASSIGNED BY NMFS) Leave blank if this is a new site, use the NMFS assigned site number if a new permit owner will harvest an established site

Site Size and Position Information Note ALL Aquaculture sites are circles with a radius not to exceed 117.75 feet (0.019 NM). The total acreage of ALL sites maintained by a single permit owner must not exceed 1.0 acres.

Latitude and Longitude must be reported as Degrees Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Center Point Latitude Radius (in feet, not to exceed 117.75 feet)

Center Point Longitude

Method of determining Latitude and Longitude

- GPS DGPS LORAN TDs converted by manual plotting or electronics Other _____

State the site is located in: Minimum Depth of water (in feet) to be allowed over the site at mean low water:

3. VESSEL INFORMATION (all information is required)

INSTRUCTIONS: Provide a copy of the valid, unexpired USCG Certificate of documentation (or state registration if not documented) for each vessel listed. Provide all information for each vessel used in the deposting/harvesting of aquacultured rock at the permitted site. If more forms are needed, photocopy this form and number each additional vessel, or provide the required information on a separate sheet of paper.

VESSEL 1

USCG Document Number (State Number if not documented)	Vessel Name	Length (feet)
Homeport City	Homeport State	Port of Landing City
		Port of Landing State
Total Horsepower	Hold Capacity (tons)	Live Well Capacity (gallons)

VESSEL 1 OWNER INFORMATION

LAST NAME OR NAME OF BUSINESS	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
MAILING ADDRESS	CITY	STATE	COUNTY
			ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER
DATE OF BIRTH		OR DATE BUSINESS FORMED	
	MONTH	DAY	YEAR
FEDERAL ID NUMBER (FEIN) if a business owns the vessel		OR	SOCIAL SEC. NUMBER if person(s) owns the vessel

VESSEL 2

USCG Document Number (State Number if not documented)	Vessel Name	Length (feet)
Homeport City	Homeport State	Port of Landing City
		Port of Landing State
Total Horsepower	Hold Capacity (tons)	Live Well Capacity (gallons)

VESSEL 2 OWNER INFORMATION

LAST NAME OR NAME OF BUSINESS	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
MAILING ADDRESS	CITY	STATE	COUNTY
			ZIP CODE
BUSINESS TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE/TELEPHONE NUMBER
DATE OF BIRTH		OR DATE BUSINESS FORMED	
	MONTH	DAY	YEAR
FEDERAL ID NUMBER (FEIN) if a business owns the vessel		OR	SOCIAL SEC. NUMBER if person(s) owns the vessel

4. BUSINESS OFFICER INFORMATION IS REQUIRED FOR PERMITS OWNED BY COMPANIES/BUSINESSES OR PARTNERS. FOR ADDITIONAL PERSONS, PHOTOCOPY THIS PAGE OR USE A SEPERATE SHEET OF PAPER IF NEEDED.

OFFICER OR PARTNER #1				POSITION IN COMPANY			
LAST NAME		FIRST NAME					
MIDDLE NAME	Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER		
MAILING ADDRESS			CITY	STATE	COUNTY	ZIP CODE	
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	

OFFICER OR PARTNER #2				POSITION IN COMPANY			
LAST NAME		FIRST NAME					
MIDDLE NAME	Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER		
MAILING ADDRESS			CITY	STATE	COUNTY	ZIP CODE	
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	

OFFICER OR PARTNER #3				POSITION IN COMPANY			
LAST NAME		FIRST NAME					
MIDDLE NAME	Suffix (Sr., Jr. II, etc)		DATE OF BIRTH - MONTH DAY YEAR		SOCIAL SECURITY NUMBER		
MAILING ADDRESS			CITY	STATE	COUNTY	ZIP CODE	
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	

APPLICANT SIGNATURE

Applicant Signature		Date Signed
Printed Name		Position in Company

Public reporting burden for this collection of information is estimated to average 20 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 suggestions for reducing this burden to Carolyn Sramek, National Marine Fisheries Service, F/SER1, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.