

FEDERAL PERMIT APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

OMB No. 0648-0205 Form Approval Expires: 10/31/2006

**REQUIRED FOR SOUTH ATLANTIC ROCK SHRIMP
AND/OR ATLANTIC DOLPHIN WAHOO**

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>



Check or Money
Order Number:
Reviewer Initials and
Date
Expiration Date:

FOR OFFICE USE ONLY

FEE: \$50.00
REPLACEMENT CARD \$18.00

PAPERCLIP
PASSPORT STYLE
PHOTOS HERE. NO
STAPLES, GLUE OR
TAPE.

GENERAL INSTRUCTIONS: Operator cards are required by the operator of a commercial vessel or charter/headboat fishing for Atlantic Dolphin and/or Wahoo, or by the operator of a commercial vessel fishing for South Atlantic Rock Shrimp. Applications must be legible, illegible applications will be returned. Fees are payable by check or money order to the U.S. Treasury. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAYS OR DENIAL OF AN OPERATOR CARD.

APPLICATION INSTRUCTIONS: All blanks in section 1 must be filled in. Use section 2 only if you have a mailing address that is different from the street address required in section 1. Information is required for all categories in section 3 including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue or tape the photos to the application. You must provide your social security number.

1. VESSEL OPERATOR (CARD OWNER) INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)

--

CITY	STATE	COUNTY	ZIP CODE	COUNTRY

2. MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1

MAILING ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY

3. IDENTIFYING INFORMATION

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTH PLACE (CITY, STATE, COUNTRY)

SEX	EYE COLOR	HAIR COLOR
<input type="checkbox"/> MALE	<input type="checkbox"/> BROWN	<input type="checkbox"/> BROWN
<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLUE	<input type="checkbox"/> BLACK
	<input type="checkbox"/> GREY	<input type="checkbox"/> BLONDE
	<input type="checkbox"/> GREEN	<input type="checkbox"/> RED
	<input type="checkbox"/> HAZEL	<input type="checkbox"/> GREY
	<input type="checkbox"/> Other	<input type="checkbox"/> WHITE
		<input type="checkbox"/> Other

If you are
clean shaven
or balding,
indicate your
actual hair
color

WEIGHT (LBS)	HEIGHT (FEET - INCHES)

AREA CODE	TELEPHONE NUMBER

SIGNATURE

Applicant Signature	Print Name	Date