

**UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
ANTARCTIC MARINE LIVING RESOURCES**

***IMPORT TICKET NO.*** \_\_\_\_\_

NAME OF IMPORTER (INDIVIDUAL CONTACT): \_\_\_\_\_

COMPANY NAME (BUSINESS): \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

RESOURCE IMPORTED AND DATE:

QUANTITY OF RESOURCE:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

HARVESTING VESSEL(S) NAME(S)

FLAG NATION

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Signature \_\_\_\_\_ Title (Business) \_\_\_\_\_ DATE: \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time 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 aspect of this collection of information, including suggestions for reducing this burden, to National Marine Fisheries Service, Office of International Affairs, 1315 East West Highway, Attention: CCAMLR Permit Office, Silver Spring, Maryland, 20910.

**Return this Import Ticket within 24 hours after importing resource(s) to the address below via overnight mail:**

Toothfish Import Control Program  
National Seafood Inspection Lab  
National Marine Fisheries Service  
3209 Frederic Street  
Pascagoula, MS 39567  
Attention: CCMALR Permit Office

OR

FAX : 228 762-7144  
Attention CCAMLR Permit Officer