

**Shrimp - Observer FAX Notification Form**

**This form is provided for your response.** Please complete and return this form at least 48 hours prior to your estimated departure. Fax to (409-766-3489) **ATTN: MIKE HARRELSON and/or PAT CRYER.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and the gear to be used.

Captain's Name: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Documentation/Vessel Number: \_\_\_\_\_ Overall Length: \_\_\_\_\_ (ft) Crew Size: \_\_\_\_\_ (include skipper)

Bunk Capacity: \_\_\_\_\_ Life Raft Capacity: \_\_\_\_\_ Contact Person/Telephone Number(s): \_\_\_\_\_

<b>Communication Equipment</b> (please list)	<b>Commercial Fishing Vessel Safety Examination Decal</b>
Cellular / SAT phone:	Serial Number:
VHF:	Date Issued
Single Side Band:	_____/_____ Month Year
Call sign:	

**Port of Departure:** Dock Facility: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_-

Departure Date: \_\_/\_\_/\_\_ Time: \_\_:\_\_(AM or PM) Anticipated Landing Date: \_\_/\_\_/\_\_

**Expected Landing Port:** (if different from port of departure) Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_- \_\_\_\_\_ Primary Language: (if other than English) \_\_\_\_\_

**Comments:** \_\_\_\_\_

**PAPERWORK REDUCTION ACT STATEMENT:** The information provided on this form will be used by the National Marine Fisheries Service to ensure that observers can be deployed effectively, efficiently, and safely on fishing vessels in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (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 15 minutes, 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: National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs, 4700 Avenue U, Galveston, Texas 77551. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. 222.401, 50 C.F.R. 229.7, and 50 C.F.R. 622.8 for all other questions. 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. 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.