

NMFS NORTHEAST VESSEL MONITORING PROGRAM

FISHING VESSEL NAME: _____

NMFS FISHERIES PERMIT NUMBER: _____

COAST GUARD DOCUMENTATION/STATE REGISTRATION NUMBER: _____

MONITORING FOR (**CIRCLE ALL THAT APPLY**):

SCALLOP MULTISPECIES MONKFISH HERRING

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YOU ARE REQUIRED TO CALL THE NOAA FISHERIES SERVICE NORTHEAST REGION VMS TEAM AT (978) 281-9213 BEFORE COMPLETING AND MAILING THIS FORM, AND BEFORE TAKING YOUR FIRST FISHING TRIP. THE VMS TEAM WILL VERIFY THAT YOUR VMS UNIT IS POSITIONING AND THAT POSITION REPORTS AND A TEST DECLARATION ARE BEING RECEIVED BY NOAA FISHERIES SERVICE OFFICE OF LAW ENFORCEMENT.

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***** PLEASE COMPLETE THIS FORM BY PROVIDING ALL REQUESTED INFORMATION *****

I CERTIFY THAT SUBJECT FISHING VESSEL HAS AN OPERATIONAL VMS UNIT INSTALLED BY:

PURCHASED FROM: BOATRACS _____ SKYMATE _____ THRANE & THRANE _____

INSTALLING DEALER: NAME, ADDRESS AND TELEPHONE NUMBER:

DATE OF INSTALLATION: _____

SERIAL NUMBER OF VMS UNIT: _____

E-MAIL ADDRESS OF VESSEL: _____

VMS UNIT ACTIVATED ON VESSEL AND READY TO SEND FISHING ACTIVITY CODES? YES NO

VMS UNIT OPERATING INSTRUCTIONS SENT TO VESSEL OWNER BY VMS VENDOR? YES NO

VESSEL OWNER TRAINED ON USE OF VMS UNIT BY VMS VENDOR? YES NO

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I UNDERSTAND THAT THE VMS UNIT MUST REMAIN CONNECTED TO THE VMS VENDOR LISTED ABOVE AT ALL TIMES. I ALSO UNDERSTAND THAT I AM SUBJECT TO THE PROVISIONS AND REQUIREMENTS OF 50 CFR §648.9 AND §648.10 REGARDING USE OF THE VMS. I HAVE RECEIVED INSTRUCTIONS FROM THE VMS VENDOR LISTED ABOVE AND UNDERSTAND HOW TO OPERATE THE VMS UNIT.

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PERMIT HOLDER'S NAME (printed): _____

PERMIT HOLDER'S SIGNATURE: _____ DATE: _____

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SEND THIS ORIGINAL, COMPLETED FORM TO:

NOAA FISHERIES
NE OFFICE OF LAW ENFORCEMENT
1 BLACKBURN DRIVE, ROOM 206
GLOUCESTER, MA 01930
ATTN: VMS PROGRAM

or fax to 1-978-281-9317

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Public reporting burden for this collection of information is estimated to average 7 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or suggestions for reducing this burden to: Patricia A. Kurkul, Regional Administrator, Northeast Region, NMFS, 1 Blackburn Drive, Gloucester, MA 01930-2298; and to Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The information will be used in the management of the Atlantic sea scallop, Northeast multispecies, monkfish and herring fisheries by insuring compliance with VMS regulations listed under 50 CFR §648.9 and §648.10 (b). 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. Any information submitted by any person to obtain a permit is not confidential, and may be disclosed upon request.