## 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 SURFCLAM/OCEAN QUAHOGS

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As required by 50 CFR 648.10(e)(1)(ii) and (iii), the vessel owner must confirm the VMS unit operation and communications service to NMFS by calling the Office of Law Enforcement (OLE) at (978) 281-9213. This is necessary to ensure that position reports (and an activity declaration) are automatically sent to and received by NMFS OLE. Your vessel is not regarded as meeting the VMS requirements until connectivity with NMFS OLE is verified.

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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 UN	IT:				
E-MAIL ADDRESS OF VESSEI	_:				
VMS UNIT ACTIVATED ON VE	SSEL AND READY TO SEN	ND FISHING ACTIVITY (	ODES?	□ YES	
VMS UNIT OPERATING INSTRUCTIONS SENT TO VESSEL OWNER BY VMS VENDOR?				□ YES	
VESSEL OWNER TRAINED ON USE OF VMS UNIT BY VMS VENDOR?				□ YES	
I UNDERSTAND THAT THE VI AT ALL TIMES. I ALSO UNDE OF 50 CFR §648.9 AND §648.1 FROM THE VMS VENDOR LIS	MS UNIT MUST REMAIN CO RSTAND THAT I AM SUBJE 10 REGARDING USE OF TH TED ABOVE AND UNDERS	ONNECTED TO THE VM ECT TO THE PROVISIO HE VMS. I HAVE RECEN STAND HOW TO OPERA	IS VENDO NS AND R VED INST ATE THE N	R LISTED EQUIREM RUCTION /MS UNIT.	ABOVE IENTS IS
PERMIT HOLDER'S NAME (pri					

PERMIT HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SEND THIS ORIGINAL, COMPLETED FORM TO:

NOAA FISHERIES NE OFFICE OF LAW ENFORCEMENT 55 GREAT REPUBLIC DRIVE GLOUCESTER, MA 01930 ATTN: VMS PROGRAM

or fax to 1-978-281-9317

 OMB# 0648-0202
 Expires 11/30/2009

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Public reporting burden for this collection of information is estimated to average 5 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, 55 Great Republic Drive, Gloucester, MA 01930-2276; 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, herring and surfclam/ocean quahog 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.