

CEASE FISHING REPORT - OMB Control No.: 0648-0271; Expiration Date: 04/30/13.

COOP PERMIT NUMBER (S)*

DATE	COOP MANAGER(S)* PRINT NAME	COOP MANAGER SIGNATURE(S)*

*Please note: If this form is submitted to cover an inter-coop agreement each participating coop manager must sign and each coop permit number must be reported.

Send to: NMFS, Northwest Region, Sustainable Fisheries Division, ATTN: Frank Lockhart; 7600 Sand Point Way NE; Seattle WA 98115.

FAX: 206-526-6736 Phone: 206-526-6140

Public reporting burden for this collection of information is estimated to average approximately 1 minute per response, including the time for 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 the National Marine Fisheries Service - Northwest Region, Fisheries Management Division, 7600 Sand Point Way NE, Seattle WA 98115. OMB Control No.: 0648-0271; Expiration Date: 04/30/2013. This data collection will be mandatory upon implementation of a final rule under 50 CFR 660, subpart G, and is confidential under Section 402(b) of the Magnuson-Stevens Fishery Conservation and Management Act.