

**U.S. DEPT OF COMMERCE, NOAA**  
 NMFS PERMITS BRANCH, F/SER1  
 263 13th Avenue South  
 St. Petersburg, FL 33701  
 727/824-5326 (8:00 am - 4:30 pm ET)  
 http://sero.nmfs.noaa.gov



# FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

Application ID

**FOR OFFICE USE ONLY**

**FOR OFFICE USE ONLY**

Reviewer's Initials and Date	
Check or Money Order Number	
Violation Date	
Violation Clear Date	
Expiration Date(s)	

## 1. DEALER INFORMATION

Dealer entity is (check one):  INDIVIDUAL or SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_

If the dealer is a partnership, corporation, or other business entity provide the business name, Federal Tax ID number, and date the business was filed.

Name of Partnership, Corporation, or Business	Federal Tax ID Number	Date business was filed

If the dealer is an Individual or Sole Proprietorship complete the following name, Social Security Number (SSN), and date of birth information:

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix Name

Social Security Number	Date of Birth

## 2. DEALER CONTACT INFORMATION

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						
					Area Code	Phone Number

### 3. Permits

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

	New	Renewal	Duplicate		New	Renewal	Duplicate
Atlantic Dolphin/ Wahoo (DDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Wreckfish (WD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shark (SK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Rock Shrimp (RS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Swordfish (SD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Golden Crab (GC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Atlantic Snapper-Grouper Excluding Wreckfish (SG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gulf of Mexico Reef Fish (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. COMPANY OFFICER and SHAREHOLDER INFORMATION

Complete this section only if the Dealer listed in Section 1 is a Corporation, Partnership, or other business entity. If the Dealer listed in Section 1 is an individual or sole proprietorship you may skip this section. Please copy this page as needed to provide information on all persons associated with the Dealer.

Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to the Dealer listed in Section 1.

**Position held:**

- President/CEO  
  Vice President  
  Secretary  
  Treasurer  
  Director/Manager  
  Agent  
  Other

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address						

SSN #	Date of Birth	Area Code	Phone Number
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

**Position held:**

- President/CEO  
  Vice President  
  Secretary  
  Treasurer  
  Director/Manager  
  Agent  
  Other

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address						

SSN #	Date of Birth	Area Code	Phone Number
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

## 5. RECEIVING FACILITIES

INSTRUCTIONS: List the names and street addresses for all facilities where product is received. Please copy this page as needed to provide information on all facilities where fish are received.

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
<input type="text"/>		<input type="text"/>	<input type="text"/>			
PHYSICAL ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 6. State Wholesaler Licenses

Complete the following and provide a copy of each state wholesaler's license held by the dealer.

State Wholesaler License Number :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>

Other Federal Permits or licenses held (issued from Federal a permit office outside of the Southeast Region).

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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## 7. SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the dealer as listed in Section 4.

Applicant Signature	Date
Printed Name	Position in Company (if applicable)



**Payment Reminder:**

**All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the US Treasury. The fee required is \$100.00 for the first fishery and \$25.00 for each additional fishery requested with this application.**

Public reporting burden for this collection of information is estimated to average 20 minutes 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 suggestions for reducing this burden to Jason Rueter, National Marine Fisheries Service, F/SER22, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.



# Instructions for the Federal Application for an Annual Dealer Permit

## ACTIVITIES FOR WHICH PERMITS ARE REQUIRED

<b>DOLPHIN/WAHOO</b>	Under 50 CFR 622.4, a dealer who receives Atlantic dolphin/wahoo harvested in the EEZ off the Atlantic states (Maine through the East Coast of Florida) must obtain an annual dealer permit.
<b>GOLDEN CRAB (South Atlantic)</b>	Under 50 CFR 622.4, a dealer who receives South Atlantic golden crab harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
<b>REEF FISH (Gulf of Mexico)</b>	Under 50 CFR 622.4, a dealer who receives reef fish harvested from the EEZ of the Gulf of Mexico must obtain an annual dealer permit.
<b>ROCK SHRIMP (South Atlantic)</b>	Under 50 CFR 622.4, a dealer who receives rock shrimp harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
<b>SNAPPER-GROUPER (South Atlantic)</b>	Under 50 CFR 622.4, a dealer who receives <b>South Atlantic</b> snapper-grouper, excluding wreckfish, harvested in the EEZ off the Southern Atlantic states must obtain an annual dealer permit.
<b>SHARK</b>	Under 50 CFR 635.4, a dealer who receives sharks from the Western North Atlantic Ocean including the Gulf of Mexico and the Caribbean Sea must obtain an annual dealer permit.
<b>SWORDFISH</b>	Under 50 CFR 635.4, a dealer who receives from a U.S. vessel a swordfish harvested from the Atlantic Ocean or Gulf of Mexico must obtain an annual domestic dealer permit.
<b>WRECKFISH (South Atlantic)</b>	Under 50 CFR 622.4(a)(4), a dealer who receives a wreckfish harvested from the <b>South Atlantic</b> must obtain an annual dealer permit.

## INSTRUCTIONS

Complete the following sections, as applicable:

**SECTION 1 & 2** Print or type the name of business and address as shown on your business license. If the applicant is a Business, print or type the Federal Tax ID number assigned to your business by the Internal Revenue Service (taxpayer ID information) if one has been assigned. If applicant is an individual, enter the Social Security Number (taxpayer ID information). If the business is corporate owned, the current Articles of Incorporation and a copy of your most recent Annual Business Report are required to support your application.

As a reminder, permits will not be issued if the corporation is in an INACTIVE status. If your business is not incorporated, then submit a copy of your local business license.

**SECTION 3** Select the fisheries for which you are applying.

**SECTION 4** If the application is for a dealer that a corporation, partnership, or other business entity then information on the dealer's officers/ shareholders is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the dealer.

**SECTION 5** If fish are received at a location different from the dealer's address listed in section 2, complete this section for each physical location where fish are received. Note: A post Office Box is not acceptable as a physical location where fish are received.

**SECTION 6** Provide the state wholesale license for each state in which the dealer has a facility. Also, please provide the permit number of any Federal Permits issued, for example, a dealer permit issued by the NMFS Northeast Regional Office (NERO).

**SECTION 7** The application must be signed must be signed and data. If the dealer is a corporation, partnership, or other business entity then the applicant must be an officer or shareholder of the dealer, as indicated on the Articles of Incorporations (and any amendments) and/or your most recent Annual Business Report.

**Additional Instructions:**

1. Mail the completed application, copy of state wholesaler's license (if required) for each state in which you operate, a copy of the Articles of Incorporation (and any amendments), a copy of the most current Annual Business Report as filed with the state in which the business is incorporated, and a check or money order made payable to the U.S. TREASURY to: **National Marine Fisheries Service (F/SER1), 263 13<sup>th</sup> Avenue South., St. Petersburg, FL 33701.** Questions may be telephoned to 727/824-5326 between 8 am - 4:30pm ET. If you would like your permit and associated documents returned to you via overnight mail, enclose a completed **FEDERAL EXPRESS** air bill, complete with your delivery address, telephone, and your FEDEX account number or credit card number.

**States required to submit wholesale license:** Alabama, California, Florida, Georgia, Hawaii, Louisiana, Massachusetts, Maryland, Maine, Pennsylvania, Rhode Island, South Carolina, Texas, U.S. Virgin Islands and Washington.

2. The application fee is **\$100** for the first fishery and **\$25** for each additional fishery and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The fee for a replacement permit is **\$18**. Complete all lines or sections that apply for the type(s) of fishery(ies) requested. Select only those your business will need. **Certain fisheries require mandatory reporting requirements.**

**In accordance with Federal regulations, any change in your permit information must be reported to the NMFS Regional Administrator within 30 days of the change.**

**KNOWINGLY SUPPLYING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING A DEALER PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.**