

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
 727/824-5326 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

FOR OFFICE USE ONLY
Application ID

FOR OFFICE USE ONLY	
Reviewer Initials and Date	
Check or Money Order Number and amount:	
Sanction Case Number if Sanctioned:	
Non Compliance Hold Date:	
Non Compliance Cleared Date:	
New Expiration Date:	
Site Number	

New Application \$175.00 Renewal Application \$31.00

1. SITE INFORMATION

Note: Aquacultured Live Rock sites must be circular with a radius not to exceed 117.75 feet (0.019NM). Aquacultured Live Rock permits for sites off the coast of the state of Florida are issued under the U.S. Army Corps Of Engineers (USACE) General Permit SAJ-71 to deposit material. Under SAJ-71, the total acreage of all sites maintained by a single permit holder must not exceed 1.0 acres. Applicants desiring to maintain aquacultured live rock sites with a total area of more than 1.0 acre OR off the coast of a state other than Florida must first obtain permits to deposit material from the USACE.

If applying to obtain a permit for an existing deposition site:

Provide the SITE NUMBER (as assigned by NMFS) an existing site in this box. You need not fill in the other fields within the Site Information section.

If applying for a renewal permit for an established deposition site, check this box if material deposited on the site during the period of time covered by the last permit for this site.

If applying to obtain a permit for a new deposition site:

Provide the deposition site center point, method of determining position, site radius, coast the site is located on, and minimum depth of water at mean low water. Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point

Longitude Center Point

Method of determining Latitude and Longitude GPS DGPS Radius (not to exceed 117.75 feet) ft.

This site is located off the coast of (state):

Minimum Depth of water over the site at mean low water, reported in feet: ft.

APPLICANT SIGNATURE - I certify that the information provided is complete and correct

Applicant Signature	Date Signed
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Printed Name	Position in Company
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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 PRA Officer, Permits Branch, National Marine Fisheries Service, F/SER2, 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 Fisheries 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.

2. PERMIT HOLDER INFORMATION

Please copy this page as needed to provide information on all permit holders.

1) Please complete this section for each permit holder. If the permit holder is a business or partnership, enter the Federal Tax ID number and date the business was formed or partnership was filed. If the permit holder(s) is/are individual(s) enter the Social Security Number(s)(SSN) and date(s) of birth. Complete the Joint Permit Holder information for a second permit holder if the permit is held by more than one individual. If you need more space, copy this form or provide the required information on a separate sheet of paper.

2) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information.

Permit Holder

If the permit holder is an INDIVIDUAL, fill in the personal information (SSN, date of birth, etc.)

If the permit holder is a BUSINESS, fill in the business informaton (Federal Tax ID #, Date Business Filed, Name, etc.)

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.		
<input type="checkbox"/>						
Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						
Tax ID # (Employer ID or SSN)	Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		

Joint Permit Holder

Fill out this section only if the permit is jointly held by more than one person. Photocopy this page if needed.

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.		
<input type="checkbox"/>						
Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address						
Tax ID # (Employer ID or SSN)	Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		

REMINDER: THE APPLICANT MUST SIGN THE APPLICATION ON PAGE 1

3. OFFICER/SHAREHOLDER INFORMATION FOR A BUSINESS/PARTNERSHIP THAT HOLDS THE PERMIT

Please copy this page as needed for all officers/shareholders of the business that holds the permit.

1) Please complete this section for **each** officer or partner associated by partnership, corporation, or other business relationship to the business listed in Section 2. You must provide the information for all officers that are shown on your most recent annual report. If your business is structured as a corporation, you **must** identify all shareholders and the percentage of shares held by each individual. The total of all entries must be 100 percent. Provide the name, address, Social Security Number (SSN), date of birth (DOB) and phone number for each individual.

Business name:

Federal Tax ID #

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>

Check box if same as Mailing Address

Tax Id # (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 130px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>

Position held
 President/CEO Vice President Secretary Treasurer Director/Manager Agent Shareholder Other

Percent (%) of Corporation Held

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>

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Check box if same as Mailing Address

Tax Id # (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 130px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 310px; height: 25px;" type="text"/>

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4. VESSEL INFORMATION (all information is required)

INSTRUCTIONS: Provide a copy of the valid, unexpired USCG Certificate of documentation (or state registration if not documented) for each vessel listed. Provide all information for each vessel used to deposit/harvest aquacultured rock at the permitted site. If more forms are needed, photocopy this form and number each additional vessel, or provide the required information on a separate sheet of paper. Each vessel used to harvest or deposit material MUST be listed.

VESSEL 1

OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented) <input style="width: 100%; height: 20px;" type="text"/> STATE REGISTRATION NUMBER (if applicable) <input style="width: 100%; height: 20px;" type="text"/> VESSEL NAME <input style="width: 100%; height: 20px;" type="text"/> HULL IDENTIFICATION or IMO NUMBER <input style="width: 100%; height: 20px;" type="text"/> HAILING PORT CITY <input style="width: 100%; height: 20px;" type="text"/> HAILING PORT COUNTY or PARISH <input style="width: 100%; height: 20px;" type="text"/> PORT OF LANDING CITY <input style="width: 100%; height: 20px;" type="text"/>	YEAR BUILT <input style="width: 100%; height: 20px;" type="text"/> Crew Size - Including the Captain <input style="width: 100%; height: 20px;" type="text"/> HOLD CAPACITY (Pounds of Harvest) <input style="width: 100%; height: 20px;" type="text"/> NET TONS <input style="width: 100%; height: 20px;" type="text"/>	LENGTH (FEET) <input style="width: 100%; height: 20px;" type="text"/> LIVE WELL CAPACITY (Gallons) <input style="width: 100%; height: 20px;" type="text"/> GROSS TONS <input style="width: 100%; height: 20px;" type="text"/> NET TONS <input style="width: 100%; height: 20px;" type="text"/>	TOTAL HORSEPOWER <input style="width: 100%; height: 20px;" type="text"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">USCG DOCUMENTED VESSELS ONLY</td> <td style="vertical-align: top;"> HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER _____ </td> <td style="vertical-align: top;"> FUEL TYPE <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER _____ </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">TOTAL FUEL CAPACITY (GALLONS)</td> </tr> <tr> <td style="text-align: center;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	USCG DOCUMENTED VESSELS ONLY	HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER _____	FUEL TYPE <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER _____	TOTAL FUEL CAPACITY (GALLONS)	<input style="width: 100%; height: 20px;" type="text"/>
USCG DOCUMENTED VESSELS ONLY	HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER _____	FUEL TYPE <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER _____						
TOTAL FUEL CAPACITY (GALLONS)								
<input style="width: 100%; height: 20px;" type="text"/>								

Please complete this section for each vessel owner. If the vessel is owned by a business or partnership, enter the Federal Tax ID Number and date the business was formed or partnership was filed. If the vessel is owned by individual(s) enter the Social Security Number(s) (SSN) and date(s) of birth (DOB).

VESSEL 1 OWNER INFORMATION as shown on the USCG Certificate of Documentation (or State Registration if not documented)

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix: JR,SR, etc.			
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Street Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (Employer ID or SSN)		Date of Birth/business filed (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		

VESSEL 1 JOINT OWNER INFORMATION as shown on the USCG Certificate of Documentation (if not documented, then State Registration)

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix: JR,SR, etc.			
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>			
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Street Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (SSN)		Date of Birth (MM/DD/YYYY)		Area Code	Phone Number		
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		

Photocopy this page as needed for additional vessels.

