

**FEDERAL PERMIT APPLICATION  
 FOR VESSELS FISHING IN THE  
 EXCLUSIVE ECONOMIC ZONE  
 (EEZ) FOR GOLDEN CRAB**

Check or Money Order Number:	
Reviewer Initials and Date	
Violation Date:	
Violation Clear Date:	
Non Reporting Hold Date	
Non Reporting Cleared Date	
Expiration Date:	
Articles of Inc. on file?	<input type="radio"/> YES <input type="radio"/> NO
<b>FOR OFFICE USE ONLY</b>	

**1. A COPY of your current (not expired) USCG Certificate of Documentation or if the vessel is not documented then your state vessel registration is REQUIRED with the application. Do not send your original. The application fee is \$40 for the golden crab fishery and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application**

**VESSEL INFORMATION**

USCG DOCUMENT NUMBER or STATE REGISTRATION NUMBER	VESSEL NAME	
<input type="text"/>	<input type="text"/>	
HULL IDENTIFICATION or IMO NUMBER	YEAR BUILT	LENGTH (FEET)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>USCG DOCUMENTED VESSEL INFORMATION</b>		
GROSS TONS	NET TONS	HOLD CAPACITY (TONS)
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PORT CITY (WHERE YOU NORMALLY TIE UP)	TOTAL HORSEPOWER	
<input type="text"/>	<input type="text"/>	
HOME PORT STATE	HULL MATERIAL	TOTAL FUEL CAPACITY (GALLONS)
<input type="text"/>	<input type="checkbox"/> FIBERGLASS	<input type="text"/>
	<input type="checkbox"/> STEEL	
	<input type="checkbox"/> WOOD	
	<input type="checkbox"/> CEMENT	
	<input type="checkbox"/> OTHER	

**2. VESSEL OWNER - AS SHOWN ON THE USCG DOCUMENTATION OR STATE REGISTRATION. IF VESSEL IS OWNED BY A BUSINESS, SHOW THE BUSINESS NAME AND ADDRESS. IF THE VESSEL IS OWNED BY JOINT OWNERS, LIST THE FIRST JOINT OWNER. OTHER JOINT OWNERS OR THE BUSINESS OFFICERS MUST BE LISTED ON PAGE 2 OF THE APPLICATION OR ON A SEPERATE SHEET OF PAPER.**

VESSEL IS OWNED BY:  INDIVIDUAL or JOINT OWNERSHIP  BUSINESS

LAST NAME OR NAME OF BUSINESS		FIRST NAME	
<input type="text"/>		<input type="text"/>	
MIDDLE NAME	Suffix (Sr., Jr. II, etc)	DATE OF BIRTH OR DATE BUSINESS FILED WITH YOUR STATE	
<input type="text"/>	<input type="text"/>	<input type="text"/> MONTH/DAY/YEAR	
MAILING ADDRESS	CITY	STATE	COUNTY ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEDERAL ID NUMBER (FEIN) if a Company Owns Vessel		SOCIAL SEC. NUMBER if person(s) own vessel	
<input type="text"/>		<input type="text"/>	
OR		<input type="text"/>	

**3. LEASE INFORMATION : THIS INFORMATION IS ONLY REQUIRED IF THE PERMIT OWNER LEASES THE VESSEL FROM THE VESSEL OWNER**

INDIVIDUAL PERMIT OWNER       BUSINESS PERMIT OWNER

LAST NAME OR NAME OF CORPORATION/BUSINESS		FIRST NAME			
<input type="text"/>		<input type="text"/>			
MIDDLE NAME	Suffix (Sr., Jr. II, etc)	DATE OF BIRTH OR DATE BUSINESS FILED WITH YOUR STATE			
<input type="text"/>	<input type="text"/>	<input type="text"/>	MONTH/DAY/YEAR		
MAILING ADDRESS		CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY	BUSINESS TELEPHONE NUMBER	AREA CODE	TELEPHONE NUMBER	HOME TELEPHONE NUMBER	AREA CODE TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEDERAL ID NUMBER(FEIN)	SOCIAL SECURITY NUMBER	DATE LEASE STARTS (MM/DD/YY)		DATE LEASE EXPIRES (MM/DD/YY)	
<input type="text"/>	OR <input type="text"/>	<input type="text"/>		<input type="text"/>	

**4. BUSINESS OFFICER INFORMATION IS REQUIRED FOR PERMITS AND/OR VESSELS OWNED BY BUSINESSES. USE A SEPERATE SHEET OF PAPER TO LIST ADDITIONAL OFFICERS AND SHARE HOLDERS IF NEEDED.**

**BUSINESS OFFICER #1**      POSITION IN COMPANY

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>

**BUSINESS OFFICER #2**      POSITION IN COMPANY

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH - MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIP CODE
<input type="text"/>		<input type="text"/>	<input type="text"/>

**5. DESIGNATED FISHING ZONE**

NORTHERN ZONE - South Atlantic EEZ       MIDDLE ZONE - South Atlantic EEZ       SOUTHERN ZONE - South Atlantic EEZ

North of 28 degrees North latitude to the North Carolina/Virginia Border.      From 25 degrees North latitude to 28 Degrees North latitude      South of 25 degrees North latitude.

**6. TRAP INFORMATION**

If you have an existing buoy color code for ANY trap or pot fishery, list it here      Color Code

If you do not have an existing buoy color code for ANY trap or pot fishery, request your choice here (white is not an acceptable choice)      Color Code

**Trap/Pot Information**      Size: L x W x H in inches       Number of Traps

**7. PREDOMINANT GEAR and FISHERIES**

List by letter up to 4 kinds of fish this vessel SELLS. 1 as most frequently sold, 4 as least frequently sold.

- |                         |                         |                         |                         |                    |                      |
|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|----------------------|
| 1. <input type="text"/> | 2. <input type="text"/> | 3. <input type="text"/> | 4. <input type="text"/> |                    |                      |
| A. Golden Crab          | B. King Mackeral        | C. Reef Fish            | D. Shark                | E. Swordfish/Tuna  |                      |
| F. Spiny Libster        | G. Shrimp               | H. Spanish Mackeral     | I. Stone Crab           | J. Other (specify) | <input type="text"/> |

**11. SIGNATURE**

The undersigned certifies that he/she: (1) meets any applicable requirement for a permit, as shown on the attached instructions.

Applicant Signature	<input type="text"/>	Position in Company	<input type="text"/>
Print Name	<input type="text"/>	Date	<input type="text"/>

## GENERAL INFORMATION ON THE SOUTH ATLANTIC GOLDEN CRAB FISHERY

The South Atlantic EEZ is divided into three fishing zones as follows: (i) northern zone; (ii) middle zone; and (iii) southern zone. Permits have been issued for a single zone. **Effective May 3, 2002, through May 3, 2005**, a vessel with a documented overall length greater than 65 ft with a southern zone permit may fish in that zone (except in the subzone – see below), **and may also fish in the northern zone without changes to the vessel permit; such vessel may discontinue fishing in the northern zone and return to fish in the southern zone without changes to the vessel permit.** A vessel with a permit to fish for golden crab in the northern zone or the middle zone will continue to be authorized to fish only in that zone. A vessel may possess golden crab only in a zone in which it is authorized to fish under this measure, except that other zones may be transited if the vessel notifies NMFS, Office of Enforcement, Southeast Region, St. Petersburg, FL, by telephone (727-824-5344) in advance of the fishing trip.

**The historical (5,000-lb.) catch requirement for renewing a commercial vessel permit for golden crab is no longer in effect.**

Renewal of your vessel's golden crab permit is automatic (without application) every other year for a vessel owner who has met the specific requirements for the requested permit; who has submitted all reports required under the Magnuson-Stevens Act; and who is not subject to a sanction or denial. **During the year 2002 and subsequent years when an application is required, a commercial vessel permit will not be renewed if the permit is revoked or if NMFS does not receive the required application for renewal by June 30 of that year (i.e., within six months after the permit's expiration date of December 31 each year).** During the year 2003 and subsequent years when an application is not required, a commercial vessel permit will not be automatically renewed if the permit is revoked (i.e., subject to a sanction or denial). **Your permit's expiration date is shown on the permit.**

**To obtain a permit for the middle or southern zone via transfer, the documented length overall of the replacement vessel may not exceed the documented overall length, or aggregate documented overall lengths, of the replaced vessel(s) by more than 20 percent.** The owner of a vessel permitted for the middle or southern zone who has requested that NMFS transfer that permit to a smaller vessel (i.e., downsized) may subsequently request NMFS transfer that permit to a vessel of a length calculated from the length of the permitted vessel immediately prior to downsizing. **There are no vessel size limitations to obtain a permit for the northern zone via transfer.**

Effective through June 3, 2005, upon request, NMFS will change a vessel permit back to the southern zone for an owner of a vessel, or the subsequent owner of a vessel, whose permit was changed from the southern zone to the northern zone provided that the documented length overall of the vessel to be used in the southern zone is not more than 20 percent greater than the vessel whose permit was originally changed from the southern zone to the northern zone.

**A small-vessel sub-zone is established within the southern zone bounded on the north by 24°15' N. lat., on the south by 24°07' N. lat., on the east by 81°22' W. long., and on the west by 81°56' W. long. No vessel with a documented length overall greater than 65 ft may fish for golden crab in this sub-zone. A vessel with a documented length overall of 65 ft or less that is permitted for the southern zone may fish for golden crab only in this sub-zone.**

### INSTRUCTIONS (Incomplete or illegible applications will be returned.)

1. Blocks in Sections 1, 2, 5, and 8 must be completed or application will be returned. All other sections must be completed, if applicable.
2. The application fee is **\$40 for the golden crab fishery** and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application.
3. Mail the application, **copy of current Coast Guard Certificate of Documentation/state registration (must be provided with every application, even if state registration has a multiple year expiration date)**, check(s)/money order(s), if vessel is owned by a corporation, must provide a copy of ACTIVE Articles of Incorporation to: **NMFS (F/SER1), 263 13TH AVENUE SOUTH, ST. PETERSBURG, FL 33701**. Questions may be phoned to Robert Sadler, 727/824-5326 between 8am - 4:30pm EST. If you would like your permit and associated documents returned to you via overnight mail, enclose a **FEDERAL EXPRESS** air bill, complete with your delivery address, telephone number, and your FEDEX account number or credit card number with expiration date. If owner/qualifier is an individual, enter the Social Security number (taxpayer ID information). If the person shown as the **"owner"** is a corporation or partnership, enter the Federal Tax ID number (taxpayer ID information).

***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.***

**SECTION 1** Enter name, official number, and length of vessel as they appear on the Coast Guard documentation or, if not documented, on the state registration certificate. Under "Home Port", enter the city and state where the vessel is customarily kept, not necessarily the home port on a certificate of documentation.

**SECTION 2** Enter the information of the person shown as the **"owner/qualifier"** from the Coast Guard documentation or, if not documented, from the state registration certificate, if more than one owner, please list additional owners in space provided for 2<sup>nd</sup> or 3<sup>rd</sup> owners and if additional space is needed, please attach additional sheet of paper. If owner/qualifier is an individual, enter the Social Security number. If the person shown as the **"owner"** is a corporation or partnership, enter the Federal ID number and date the corporation/partnership was formed. If a corporate owned vessel, submit ACTIVE Articles of Incorporation along with a copy of the company's most recent annual report (as filed with the Secretary of State in which the company id registered). If corporations are in an INACTIVE status, permits will not be issued.

**SECTION 3** Complete this section only when the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the person shown in Section 2. Enter the date of expiration of the lease or written management agreement. If such lease or written management agreement exists, the controlling person is the owner for the purposes of the permit. Provide a copy of the signed (both parties) and dated lease agreement. We recommend that the lease agreement end at the end of a month.

**SECTION 4** Complete this section if vessel is corporate or partnership owned.

**SECTION 5** Select only one fishing zone in which you fish.

**SECTION 6** Complete this section only if you fish with traps/pots in the golden crab fishery off the southern Atlantic states. A **separate check or money order for trap/pot tags (\$1.30 per tag) payable to FLOY TAG is required only if you wish to purchase trap tags**. Tags will be mailed directly to you from Floy Tag and will not accompany the permit package.

**SECTION 7** The information in this section is a data collection requirement, please complete.

**SECTION 8** The application must be signed by the vessel owner.

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 Permits Branch, National Marine Fisheries Service, F/SER21, 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. Confidential name and address information will be released via a NOAA Fisheries website for informational purposes. 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.