

**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's 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.

Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e., 24-32.123 N 085-45.456 W)

**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 to obtain a permit for a new deposition site:**

Provide the deposition site center point latitude and longitude (in degrees, minutes and decimal minutes to three decimal points), the method of determining position, site radius, coast the site is located on, and minimum depth of water at mean low water.

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
Printed Name	Position in Company

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, 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 filed 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.

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

### 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.

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

**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**

<b>Mr/Mrs/Ms</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - JR,SR,etc.</b>
<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"/>

<b>Mailing Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 295px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

<b>Physical Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 295px; height: 25px;" type="text"/> <small>Check box if same as Mailing Address</small>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

<b>Tax ID # (SSN)</b>	<b>Date of Birth</b>	<b>Area Code</b>	<b>Phone Number</b>
<input style="width: 215px; height: 25px;" type="text"/>	<input style="width: 315px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 115px; height: 25px;" type="text"/>

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

**Percent (%) of Corporation Held**

<b>Mr/Mrs/Ms</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - JR,SR,etc.</b>
<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"/>

<b>Mailing Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 295px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

<b>Physical Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 295px; height: 25px;" type="text"/> <small>Check box if same as Mailing Address</small>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

<b>Tax ID # (SSN)</b>	<b>Date of Birth</b>	<b>Area Code</b>	<b>Phone Number</b>
<input style="width: 215px; height: 25px;" type="text"/>	<input style="width: 315px; height: 25px;" type="text"/>	<input style="width: 70px; height: 25px;" type="text"/>	<input style="width: 115px; height: 25px;" type="text"/>

**REMINDER: THE APPLICANT MUST SIGN THE APPLICATION ON PAGE 1**

## 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 live 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)

YEAR BUILT

LENGTH (FEET)

TOTAL HORSEPOWER

STATE REGISTRATION NUMBER (if applicable)

Crew Size - Including the Captain

HOLD CAPACITY (Pounds of Harvest)

LIVE WELL CAPACITY (Gallons)

VESSEL NAME

HULL IDENTIFICATION or IMO NUMBER

HAILING PORT CITY

HAILING PORT COUNTY or PARISH

HAILING PORT STATE

PORT OF LANDING CITY

PORT OF LANDING STATE

**USCG DOCUMENTED  
VESSELS ONLY**

GROSS TONS

NET TONS

**HULL MATERIAL**

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER \_\_\_\_\_

**FUEL TYPE**

- DIESEL
- GASOLINE
- OTHER \_\_\_\_\_

**TOTAL FUEL CAPACITY (GALLONS)**

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 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address    Apt/Suite #    City    State    County/parish    Zip Code    Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address    Apt/Suite #    City    State    County/parish    Zip Code    Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax ID # (Federal Tax ID or SSN)    Date of Birth/Date Business Filed (MM/DD/YYYY)    Area Code    Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### VESSEL 1 JOINT OWNER INFORMATION as shown on the USCG Certificate of Documentation (if not documented, then State Registration)

Mr/Mrs/Ms    Last Name or Name of Business    First Name    Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address    Apt/Suite #    City    State    County/parish    Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address    Apt/Suite #    City    State    County/parish    Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax ID # (Federal Tax ID or SSN)    Date of Birth/Date Business Filed (MM/DD/YYYY)    Area Code    Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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