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 depostion 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

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.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date 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.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date 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.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (SSN)	Date of Birth	Area Code	Phone Number

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.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (SSN)	Date of Birth	Area Code	Phone Number

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

USCG DOCUMENTED VESSELS ONLY

GROSS TONS

NET TONS

HULL MATERIAL

- ☐ FIBERGLASS
- ☐ STEEL
- ☐ WOOD
- ☐ CEMENT
- ☐ OTHER _____

FUEL TYPE

- ☐ DIESEL
- ☐ GASOLINE
- ☐ OTHER _____

HAILING PORT CITY

HAILING PORT COUNTY or PARISH   **HAILING PORT STAT**

PORT OF LANDING CITY   **PORT OF LANDING STATE**

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.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Street Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (Federal Tax ID or SSN)   **Date of Birth/Date Business Filed (MM/DD/YYYY)**   **Area Code**   **Phone Number**

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

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code

Street Address	Apt/Suite #	City	State	County/parish	Zip Code
☐ Check box if same as Mailing Address					

Tax ID # (Federal Tax ID or SSN)   **Date of Birth/Date Business Filed (MM/DD/YYYY)**   **Area Code**   **Phone Number**

Photocopy this page as needed for additional vessels.