OMB Control No:

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Northeast Fishing Vessel Annual Cost Survey

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| doc_logo | United State Department of Commerce  National Oceanic & Atmospheric Administration  National Marine Fisheries Service  Social Science Branch  166 Water Street, Woods Hole, MA 02543 | | noaalogo |
| Please take note of the following points while answering the survey questions,   * Record the annual costs associated with only the vessel identified below * If you own more than one vessel, certain costs may need to be divided among vessels (for example, divide office expenses by the number of vessels owned). * Record the combined annual cost for all fisheries you may have participated in this fiscal year. * Please consult the **detailed instructions** if you are unsure about any questions. | | | |
| **Vessel Information**  Coast Guard Documentation or State Registration Number: 12345678 (one survey per vessel) | | | |
| Fiscal year that corresponds with the annual costs you will provide below (use the most recent year for which you have complete records). Please provide information for *one* year only. Format: (mm/dd/yyyy)  Start date: ׀\_\_׀\_\_׀ / ׀\_\_׀\_\_׀ / ׀\_\_׀\_\_׀\_\_׀\_\_׀ End date: ׀\_\_׀\_\_׀ / ׀\_\_׀\_\_׀ / ׀\_\_׀\_\_׀\_\_׀\_\_׀ | | | |
| 1. a) Vessel Ownership Type (*check one*):  A. Sole proprietorship  B. General partnership  C. Limited partnership  D. Corporation  E. Other  |\_\_׀\_\_׀\_\_׀\_\_׀ | | b) If you checked “D” (Corporation), please check which type:  C corporation  S corporation  Limited Liability Corporation | |
| 2. Please list the number of owners: ׀\_\_׀\_\_׀ | | | |
| 3. Was the vessel purchased from a previous owner or was it bought new?  Previous owner  New    4. In what calendar year did you acquire the vessel? ׀\_\_׀\_\_׀\_\_׀\_\_׀ | | | |
| 5. Please estimate the market value of your vessel (including all equipment, fishing gear, permits, and fishing history): $ ׀\_\_׀\_\_׀ , ׀\_\_׀\_\_׀\_\_׀ , ׀\_\_׀\_\_׀\_\_׀ | | | |

**Repair/Maintenance/Upgrade/Improvements Costs**

6. Please use this table to record any repair, maintenance, improvement, or upgrade costs that were made to the vessel this fiscal year. For each category listed in the first column of the table below, indicate whether you spent any amount by checking the “Yes” box and listing the dollar amount spent in the blank space. If you did not have an expense this fiscal year, then check the “No” box. In the third column indicate the type of the expense by checking the appropriate box.

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| **Expense Category** | **Annual Amount Spent** | **Type of Expense** | **Comments** |
| Propulsion Engine (engine, drive train, exhaust/cooling systems) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Deck equipment/other machinery (winches, haulers, generators, hydraulics, compressors, reels, pumps) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Hull (including frame, deck, wheelhouse, keel, steering, rigging, fish holds, fuel tanks) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Fishing Gear  (Codends, nets/panels, dredges, buoys, highfliers, doors, pots/traps, cables) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Wheelhouse and gear electronics (Radar, GPS, VMS, sounder, radio, depth/temperature/net sensors) | Yes; : $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Processing/  Refrigeration (RSW, packaging equipment) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Safety equipment (EPIRB, rafts, fire extinguishers, flares, survival suits) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |
| Haul-out cost (the cost for taking the boat in and out of the water only, excluding costs mentioned in above categories) | Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | General Maintenance/Repair  Major Repair  Upgrade/Improvement |  |

**Fishing Business Related Costs**

7. For each category listed in the table below, indicate whether you have spent any amount by checking the “Yes” box and listing the **ANNUAL** amount spent in the blank space. If you did not have an expense this fiscal year, then check the “No” box.

|  |  |
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| Mooring/Dockage Fees:  Yes; $ \_ \_, \_ \_ \_,\_ \_ \_.00  No; $ 0.00 | Storage Expenses (eg: gear shed rental etc.):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Office Expenses:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Business Vehicle Usage costs:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Business travel costs:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Professional Fees (eg: settlement, accounting, legal fees etc.):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Association fees (eg: co-operative, fishing, organization , sector fees etc.):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Permit and/or License fees:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Vessel insurance premium:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 Number of months insured: \_\_ \_\_ | Business taxes:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Principal paid on business loans (not outstanding balance):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Interest paid on business loan:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Total crew payment (including captain):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Crew benefits (e.g., retirement benefits; your portion of health, life, or disability insurance premiums; unemployment insurance):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Non-crew labor services (eg: night watchman etc.):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |  |

**Trip Costs**

8. These questions are relating to your trip costs. For each category of expenses listed in the table below, indicate whether you have spent any amount by checking the “Yes” box and listing the **ANNUAL** amount spent in the blank space. If you have did not have an expense this fiscal year, then check the “No” box.

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| Fuel:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Oil/lube:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Food/water:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Bait:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Catch handling (eg: auction, lumping, grading, transportation etc):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Settlement fees:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Ice:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Electronics:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| Communication Cost (eg: cell phones, radio etc.):  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Quota or DAS lease:  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |
| General Fishing Supplies (eg: gloves, boot liners, foul weather gear, knives, picks, hooks, boxes, bags, ties,  lobster bands, rags, tape, links/rings, lines/twine/rope, *etc.*)  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 | Others: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Yes; $\_ \_, \_ \_ \_,\_ \_ \_.00  No; $0.00 |

**Typical Lay System**

9. a) What was your primary fishery (based on revenue) this fiscal year? Please list only one (e.g., groundfish, scallops, etc.)

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b) For the primary fishery you listed above, did you hire a captain?  Owner operated  Hired captain

c) How many years of experience does the captain (or the owner if owner-operated) have in the primary fishery you listed above?  |\_\_׀\_\_׀ years

d) What is the size of the crew in the primary fishery you listed above? ׀\_\_׀\_\_׀ crew members

( **EXCLUDE** the captain)

e) For the primary fishery you listed above, which best describes how the crew (including the captain) is paid:

Clear lay (gross stock is split between boat and crew; then trip expenses are deducted from the crew’s share)

Broken lay (trip expenses are deducted from the gross stock; then split between boat and crew)

Per-trip or hourly wage  Other -- please describe in the comments sections on page – 6

Not applicable (no crew)

f) If you chose clear lay or broken lay for question (e) then provide the percentage share to the boat and crew below (should add to 100%), otherwise go to question 9 (g).

׀\_\_׀\_\_׀ % Boat (owner) share ׀\_\_׀\_\_׀ % Crew share (include hired captain’s share)

g) For clear or broken lay systems, which trip expenses are normally deducted? (*check all that apply*) Check the “Not applicable” box if it does not apply to you.

Fuel  Food and Water  Oil/lubrication  Bait  Catch handling costs

Settlement fees  Ice  Electronics  Communication costs  General fishing supplies

Quota and DAS lease  Others \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (explain here)  Not applicable

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| **Other *Annual* Costs (not Listed in Previous Sections)**  10. Please record costs regarding your fishing activity here that you have incurred but **have not reported anywhere else in this survey**. (Please do not report you personal costs, such as personal health insurance and house mortgage etc.) | |
| Cost | Description of other annual costs |
| $ ׀\_\_׀\_\_׀\_\_׀ , ׀\_\_׀\_\_׀\_\_׀ | ׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀\_\_׀ |
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Please use this space to provide additional information or comments

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*Public reporting burden for this collection of information is estimated to average 60 minutes per survey, 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 {SSB Contact}.*

*Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. Responses are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of 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.*