

**FEDERAL FISHERIES PERMIT APPLICATION FORM**

OMB Control No: 0648-0490

U.S. DEPARTMENT OF COMMERCE

Expires: xx/xx/xxxx

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

NATIONAL MARINE FISHERIES SERVICE

PACIFIC ISLANDS REGION

**201x**

**Mail or deliver this application to:**

NOAA Fisheries Pacific Islands Regional Office  
ATTN: Permits  
1601 Kapiolani Blvd., Suite 1110  
Honolulu, Hawaii 96814-4700  
Tel: (808) 944-2200; FAX: (808) 973-2940

Please Print Legibly

(Check  one or more appropriate boxes for types of permit application)

1. PELAGIC:	<input type="checkbox"/> Hawaii Longline Limited Entry Permit - Renewal, Transfer, or Vessel Registration (Non-refundable Application Processing Fee: \$xx.xx. Make checks or money orders payable to: Dept. of Commerce, NOAA)
	<input type="checkbox"/> Hawaii Closed Area Exemption (contact Pacific Islands Region for form)
	<input type="checkbox"/> Western Pacific General Longline Permit (Guam, Northern Mariana Islands, Pacific Remote Island Areas)
	<input type="checkbox"/> Western Pacific Receiving Vessel Permit (all areas)
	<input type="checkbox"/> Pacific Remote Island Areas Troll & Handline
<i>LOBSTER and DEEPWATER SHRIMP (Use the Western Pacific Crustacean Permit application form, OMB Control No. 0648-0586)</i>	
2. BOTTOMFISH:	<input type="checkbox"/> Guam Large Vessel <input type="checkbox"/> Pacific Remote Island Areas (CNMI: Use the Northern Mariana Islands Bottomfish Permit application form, OMB Control No. 0648-0584)
3. PRECIOUS CORAL:	<input type="checkbox"/> Permit Area (write in):

VESSEL NAME: \_\_\_\_\_ VESSEL OFFICIAL NO: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_

VESSEL OWNER: \_\_\_\_\_  
First, Middle, & Last Name or Business Name

PERMIT HOLDER: \_\_\_\_\_  
First, Middle, & Last Name or Business Name                      Taxpayer Identification Number (business)

DATE OF BIRTH (if individual) OR INCORPORATION (if business) OF PERMIT HOLDER: \_\_\_\_\_

**Privacy Act Statement:** Federal Regulations (at 50 CFR Part 665) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. The primary purpose for requesting the Taxpayer Identification Number is for the collection and reporting on any delinquent amounts arising of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

BUSINESS CONTACT: \_\_\_\_\_ /TITLE: \_\_\_\_\_  
(First, Middle, & Last Name, if not same as permit holder)                      (corporate officer, business owner, partner)

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
Street/PO Box                      City                      State                      ZIP Code

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_; CELL PHONE (\_\_\_\_) \_\_\_\_\_; FAX (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Printed Name and Signature of Permit Holder, Corporate Officer, Partner, or Designated Agent

APPLICANT TITLE:  Permit holder,  Corporate officer or partner,  Designated agent, or  Other \_\_\_\_\_  
(Check only one)

<b><u>For Permit Transfer: to be completed and signed by originating permit holder</u></b>	
PERMIT TRANSFEROR: _____	DATE: _____
Printed Name & Signature of Permit Holder Transferring Permit	
Permit Number of Transferred Permit: _____	

**REQUIRED DOCUMENTS:** You must submit: 1) a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from a state/territorial agency (undocumented vessel) showing current vessel owner, 2) payment for the processing fee, if required, with this application form, and 3) if the applicant is an agent, attach a signed letter from the permit holder authorizing the applicant as the agent. **It is prohibited to file false information on any application for a fishing permit (50 CFR § 665.15(b)).**

Revised xx/xx/xxxx

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for Hawaii longline limited access permit renewal/transfer, WP general longline permits and receiving vessel permits; 30 minutes for Guam bottomfish large vessel permits; 30 minutes for precious coral permits (established, conditional, refugia, exploratory areas), Pacific remote island areas (PRIA) troll and handline and bottomfish permits; and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to Pacific Islands Regional Administrator, NOAA Fisheries Service, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Pacific Islands Region. This will enable NOAA Fisheries Service and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a permit for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the proprietary business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject 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.

Federal Fisheries Application Form - Pacific Islands Region

**SUPPLEMENTAL INFORMATION FOR:**

**\*\* MAIN HAWAIIAN ISLANDS LONGLINE FISHING PROHIBITED AREA EXEMPTION \*\***

**ELIGIBLE VESSEL:** \_\_\_\_\_ **OFFICIAL NUMBER:** \_\_\_\_\_

**Basis for Exemption Eligibility (all boxes must be checked and supporting documents attached to be eligible):**

- Applicant currently holds a Hawaii longline limited entry permit
- Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear prior to 1970 from waters now closed to longline fishing.
- Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear in at least five (5) years since (and including) 1970 from waters now closed to longline fishing.
- Applicant was the owner or operator of a vessel that made at least 80 percent of its landings of longline-caught pelagic management unit species in any calendar year in waters now closed to longline fishing.

**Legible copies of supporting document(s) for exemption eligibility attached (check as many boxes as may apply):**

- State of Hawaii Catch Reports     Vessel fishing logs     Auction receipts
- Signed affidavits (original)     Other (specify): \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 2 hours for main Hawaiian Islands longline fishing prohibited area exemption and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to Pacific Islands Regional Administrator, NOAA Fisheries Service, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

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