

# TRAWL IDENTIFICATION OF OWNERSHIP INTEREST

## PACIFIC COAST GROUND FISH

UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
National Marine Fisheries Service, Northwest Region  
Fisheries Permits Office  
7600 Sand Point Way NE, Bldg. 1  
Seattle, WA 98115-0070



Phone (206) 526-4353 Fax (206) 526-4461 www.nwr.noaa.gov

## INSTRUCTIONS

This form will provide the National Marine Fisheries Service (NMFS) with ownership information for individuals or businesses applying for or renewing a Quota Share (QS) permit and account, an IFQ vessel account, a whiting mothership (MS) permit, or a mothership catcher vessel (MS/CV) endorsed permit. Ownership interest information will assist NMFS in determining compliance with accumulation limits associated with each of these permits or control of quota pounds under the Trawl Rationalization Program. Any individual or business applying for or renewing any of the above permits or endorsements must document those individual persons that have an ownership interest in the amount of greater than or equal to 2 percent.

Please type or print legibly in ink. Attach additional sheets as necessary. Sign in ink, have your signature notarized, keep a copy for your records and mail the completed form to the address listed above.

### SECTION A – PERMIT/VESSEL OWNER IDENTIFICATION

- **Field 1. Permit Number:** If you are submitting an ownership interest form with a renewal for a QS permit, mothership permit or mothership catcher vessel endorsed permit, list the permit number.
- **Field 2. Vessel Name/USCG or State Registered Vessel Number:** If you are submitting an ownership interest form for a vessel, please provide the name of the vessel and its USCG or state registered vessel number.
- **Fields 3-4. Name/TIN/DOB:** Enter the name of the business entity or individual that owns the permit or vessel. If a business entity, list tax identification number (TIN). If an individual, list date of birth (DOB) using the format mm/dd/yyyy.
- **Field 5. State Registered Business:** If a business entity, list the state where that entity was established and is currently recognized as active.
- **Field 6. Business Mailing Address:** Enter the business mailing address, including street or PO Box number, state, and zip code where the item(s) should be sent.
- **Field 7-9. Business Phone/Fax/Email:** List the business telephone and fax numbers, including area codes; fax number and email are optional.

### SECTION B – IDENTIFICATION OF SHAREHOLDERS AND PARTNERS

The intent of Section B (Parts 1 and 2) is to identify all of the individuals who control the business and their percent of ownership interest. [Note: Only ownership interest for shareholders with greater than or equal to 2% ownership interest in the business entity must be reported.]

- **Part 1 – first level**  
Part 1 must be filled with the business entities or individuals listed in Section A. List the TIN for business entities and the date of birth (DOB) for individuals. List the mailing address (if different than Section A), and the % ownership interest in the permit as listed in Section A. If there is only one individual listed, the percent ownership interest held should equal 100%. If one business entity is listed, the percent ownership interest held should equal 100%. If an individual and a business entity are listed, list the percent of the individual and the percent of the business entity (see examples below).

- **Part 2 – second level**

If the information from Part 1 includes both individual and business entities, Part 2 should be completed. Part 2 should list any business entity names from Part 1. List the individual names of all shareholders/partners of the business entity with greater than or equal to 2% ownership interest. The DOB is required for each individual as an additional means of identification. List each individual's business mailing address and the percent ownership interest they hold in the business entity. The individual(s) listed under each business should equal 100%, except for cases where some shareholders/partners in the business entity own less than 2% and are, therefore, not required to be listed on this form. Information should be provided down to the individual level. If necessary, attach an additional sheet of paper (see examples below).

**Example A: jointly named owners on permit, two individuals**

**Part 1**

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	75
Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	25
<b>TOTAL OWNERSHIP =</b>			<b>100%</b>

**Part 2**

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD
business name from Part 1			
List individual names			
<b>TOTAL OWNERSHIP =</b>			<b>%</b>

**Example B: jointly named owners on permit, an individual and a business**

**Part 1**

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Dragger, Joe A	05/15/1959	3 Dover Lane Astoria, OR 54321	50%
Trawlers, Inc.	91-1234567	PO Box 70, Newport, OR 54123	50%
<b>TOTAL OWNERSHIP =</b>			<b>100%</b>

**Part 2**

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD	
business name from Part 1				
Trawlers, Inc.				
List individual names	Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	55%
	Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	30%
	Ishmael, Mark S	03/07/1965	8 White Whale Dr. Newport, OR 54123	10%
	Queequeg, Warren G	07/23/1968	13 Wildside Blvd. Astoria, OR 54321	3%
	<b>TOTAL OWNERSHIP of Business 1 =</b>			<b>100%</b>

**Example C: jointly named owners on permit, two businesses**

**Part 1**

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Trawlers, Inc.	91-1234567	PO Box 70, Newport, OR 54123	30%
Big Boat, LLC	71-7654321	4 Ever Whiting Astoria, OR 54321	70%
<b>TOTAL OWNERSHIP =</b>			<b>100%</b>

**Part 2**

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD	
business name from Part 1				
Trawlers, Inc.				
List individual names	Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	55%
	Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	30%
	Ishmael, Mark S	03/07/1965	8 White Whale Dr. Newport, OR 54123	10%
	Queequeg, Warren G	07/23/1968	13 Wildside Blvd. Astoria, OR 54321	5%
<b>TOTAL OWNERSHIP of Business 1 =</b>			<b>100%</b>	
business name from Part 1				
Big Boat, LLC				
List individual names	Hake, Fred C	06/03/1950	4 Ever Whiting Astoria, OR 54321	33 <sup>1/3</sup> %
	Hake, Brenda K	08/30/1954	4 Ever Whiting Astoria, OR 54321	33 <sup>1/3</sup> %
	Hake, Jr., Fred J	11/23/1975	12 Ever Whiting Astoria, OR 54321	33 <sup>1/3</sup> %
<b>TOTAL OWNERSHIP of Business 2 =</b>			<b>100%</b>	

**SECTION C – SMALL BUSINESS CERTIFICATION**

Read the criteria to determine if you are a small business according to the criteria listed. Check the appropriate box, yes or no.

**SECTION D - CERTIFICATION OF APPLICANT AND NOTARY**

The authorized agent must sign and date the form in the presence of a notary to certify that the individual(s) signing the form have satisfactorily identified themselves. By signing and dating the form, the authorized agent certifies that all information set forth in the form is true, correct, and complete to the best of the applicant's knowledge and belief. The form will not be considered without the authorized agent's signature. If a single individual is listed in Field 5 above, then that individual must sign. If two individuals are listed in Field 5 above, then both individuals must sign. If an individual and a business entity are listed in Field 5 above, then the individual and the authorized agent for the business entity must both sign. The notary must sign and date this section, and affix notary stamp or seal.



NMFS may request a copy of the corporate resolution or other authorizing document allowing the authorized agent to sign and certify on behalf of the business entity.

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## SECTION A – PERMIT OWNER OR VESSEL OWNER IDENTIFICATION

1. Permit Number	2. Vessel Name	USCG or State Registered Vessel Number
3. Permit or Vessel Owner Name	4. TIN (if business) or DOB (if person)	
	5. State Registered In, if business entity	
6. Business Mailing Address <i>Street or PO Box</i>	7. Business Phone (     )	
	8. Business Fax ( <i>optional</i> ) (     )	
<i>City</i>	<i>State</i>	<i>Zip Code</i>
9. Business Email ( <i>optional</i> )		

## SECTION B - IDENTIFICATION OF SHAREHOLDERS AND PARTNERS PART 1 – first level

NAME <i>(Last, First, Middle Initial)</i>	TIN or DOB	BUSINESS MAILING ADDRESS <i>(Street or PO Box, City, State, Zip Code)</i>	% INTEREST HELD
<b>TOTAL OWNERSHIP =</b>			<b>%</b>

**SECTION B - IDENTIFICATION OF SHAREHOLDERS AND PARTNERS  
PART 2 – second level**

**NOTE: Owners of a business entity from Part 1 above must be listed down to the level of individual persons that make up that business. If more than one business is listed, be clear which individuals belong to which business. If necessary, attach an additional sheet of paper with the information required below.**

<b>NAME (Last, First, Middle Initial)</b>		<b>DOB (mm/dd/yyyy)</b>	<b>BUSINESS MAILING ADDRESS (Street or PO Box, City, State, Zip Code)</b>	<b>% INTEREST HELD (IN BUSINESS)</b>
business name from Part 1				
list individual names				
<b>TOTAL OWNERSHIP of Business 1 =</b>				<b>%</b>
business name from Part 1				
list individual names				
<b>TOTAL OWNERSHIP of Business 2 =</b>				<b>%</b>
business name from Part 1				
list individual names				
<b>TOTAL OWNERSHIP of Business 3 =</b>				<b>%</b>

