

No. 000001

NOAA FISHERIES SERVICE WESTERN PACIFIC CRUSTACEAN SALES REPORT

Vessel Name _____ Permit Number _____

Name of First Level Buyer _____

(Fill out a separate form for each buyer)

Business Address _____

Telephone number: (____) _____ FAX number: (____) _____

E-mail address: _____

All lobsters off-loaded to this buyer (yes/no) _____

Port of Landing _____ Date of landing _____

Location of off-load _____ Date all lobsters off-loaded _____

SALES INFORMATION

Species	Frozen Tails			Live			Other product form (specify)		
	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)	Sold (circle one) No. or Wt. (lbs)	Value Total value of product sale (\$\$\$)	Not Sold (circle one) No. or Wt. (lbs)
Spiny Lobster									
Slipper Lobster									
Octopus									
Other (specify)									
Other (specify)									
Other (specify)									

PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT?: YES ___/NO ___

I certify that the above information is complete and true to the best of my knowledge.

Vessel Captain/operator: (Print name) _____

(signature) _____

Date: _____

INSTRUCTIONS FOR COMPLETING THE WESTERN PACIFIC CRUSTACEAN SALES REPORT

VESSEL NAME: Name of fishing vessel.

PERMIT NUMBER: Western Pacific Crustacean Fishery Permit number.

NAME OF FIRST LEVEL BUYER: Name of the first level buyer, i.e. initial buyer of the product from the permit holder.

BUSINESS ADDRESS: Address of first level buyer.

TELEPHONE NUMBER: Business or other contact telephone number of *first level buyer*

First level buyer: (1) the first person who purchases, with the intention to resell management unit species or portions thereof that were harvested by a vessel that holds a valid permit or is otherwise regulated under Subpart D of 50 CRF Part 660; or (2) a person who provides recordkeeping, purchase, or sales assistance in the first transaction involving management unit species (such as the services provided by a wholesale auction facility).

FAX NUMBER: FAX number of the first level buyer.

E-MAIL ADDRESS: e-mail address of first level buyer.

ALL LOBSTERS OFFLOADED TO THIS BUYER: Yes or No.

PORT OF LANDING: Port of vessel return (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

DATE OF RETURN: Date of vessel return to port.

LOCATION OF OFF-LOAD: Port of off-load (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

DATE ALL LOBSTERS OFF-LOADED: Date of completion of offloading.

SALES INFORMATION

Values should be input into the correct column matching the species and product form.

SPECIES: If species is not listed then fill in the species in the "Other (specify)" box.

Sold (circle one) No. or Wt. (lbs): List total number or weight **sold**, circle No. or Wt. to indicate unit of measure.

Not Sold (circle one) No. or Wt. (lbs): List total number or weight **not sold**, circle unit i.e. No. or Wt. to indicate unit of measure.

Value: Total **value** (\$) of the product.

PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT: Circle Yes or No. If yes, then attach the packing/weighout documentation to this form.

VESSEL CAPTAIN/OPERATOR: Print full name, sign on signature line, date of report completion.

VESSEL REPORTING OBLIGATION REQUIREMENTS

The vessel captain/operator must submit to the National Marine Fisheries Service, within 72 hours of offloading of lobster, an accurate and complete lobster sales report (one for each first level buyer) and attach packing/weighout documentation if provided by the first level buyer(s).

Upon request any first level buyer must allow an authorized officer of the National Marine Fisheries Service or designee of the Regional Administrator to access, inspect, and copy all records relating to the harvest, sale, or transfer of any product taken by a vessel that has permits issued under 50 CRF 660.41.