



**FEDERAL FISHERIES PERMIT APPLICATION FORM**  
 U.S. DEPARTMENT OF COMMERCE  
 NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
 NATIONAL MARINE FISHERIES SERVICE

OMB Control No: 0648-0584  
 Expiration Date: 03/31/2012

**PACIFIC ISLANDS REGION**

**20xx**

**Mail or deliver this application to:**

NMFS Pacific Islands Regional Office  
 ATTN: Permits  
 1601 Kapiolani Blvd., Suite 1110  
 Honolulu, Hawaii 96814-4733  
 Tel: (808) 944-2200; FAX: (808) 973-2940

**NORTHERN MARIANA ISLANDS COMMERCIAL BOTTOMFISH PERMIT**

Bottomfish and Seamount Groundfish Fisheries of the Western Pacific Region

Please Print Legibly. Items marked with \* are required. Please fill in other items as completely as possible. Note required documents at bottom of page.

\*VESSEL NAME: \_\_\_\_\_ \*VESSEL OFFICIAL NO: \_\_\_\_\_  
 (USCG or CNMI number)

\*VESSEL REGISTERED LENGTH: \_\_\_\_\_ (feet) RADIO CALL SIGN: \_\_\_\_\_

\*VESSEL OWNER: \_\_\_\_\_  
 First, Middle, & Last Name or Business Name Taxpayer Identification Number  
 (\*If a business owns the vessel)

\*DATE OF BIRTH (individual) OR INCORPORATION (business): \_\_\_\_\_

**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 TIN 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 vessel owner) (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 Person Submitting Application

\*APPLICANT TITLE:  Vessel owner,  Corp. officer or partner,  Designated agent\*\*, or  Other \_\_\_\_\_  
 (Check only one)

\*Is this application is for a new permit? \_\_\_ or a renewal? \_\_\_

**REQUIRED DOCUMENTS:** You must submit the following with the application form:

- 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 the current vessel owner,
- 2) Payment by check for the non-refundable application processing fee of \$xx, payable to Department of Commerce, NOAA, and
- 3) \*\*A signed letter from the permit holder authorizing the applicant as the agent, if the applicant is acting as an agent for the vessel owner.

**It is prohibited to file false information on any application for a fishing permit (50 CFR § 665.15(b)).**

(side two)

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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for CNMI bottomfish permit application 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 NMFS Pacific Islands Regional Administrator, 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 Western Pacific Region. This will enable NMFS 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 license for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or 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.

## Instructions for Northern Mariana Islands Commercial Bottomfish Permit Application

Please print all information legibly. All items marked with a \* on the form must be completed.

- 1) Vessel Name: Write in the name of the vessel. If the vessel does not have a name, write N/A.
- 2) Vessel Official No.: Write in the USCG documented vessel number or the CNMI boat registration number CM xxxx ss, where xxxx is the number and ss is the suffix. For example, CM 1234 CF.
- 3) Vessel Registered Length: Write in the vessel's length overall in feet, as listed on the USCG document or CNMI boat registration.
- 4) Radio Call Sign: Write in the call sign assigned to your vessel's radio by the FCC, if you have one. It would probably start with a W. If you do not have a call sign, write N/A.
- 5) Vessel Owner: Write in the name of the vessel owner as listed on the USCG document or CNMI boat registration.
- 6) Taxpayer Identification Number: If a business owns the vessel, write in the Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) obtained from the U.S. Internal Revenue Service.
- 7) Date of Birth or Incorporation: If an individual owns the vessel, write in the person's full birth date. If a business owns the vessel, write in the full date of incorporation.
- 8) Business Contact: If a business owns the vessel, please write in the name of a person to contact for the business.
- 9) Title: Write in the title or role of the contact in relation to the business, that is, officer, partner, owner, etc.
- 10) Business Mailing Address: Write in the primary mailing address of the vessel owner. This address will be used as the official address of record for all mail to the permit holder. As a business address, it may be disclosed to the public.
- 11) Business Phone: Write in the primary business phone number of the vessel owner.
- 12) Cell Phone, Fax, Email: Please provide additional contact information for the vessel owner.
- 13) Applicant: Print your name and Sign on the line. The applicant must sign the form.
- 14) Applicant Role: Check only one for the role of the applicant in relation to the vessel owner.
- 15) Date: Fill in the date the application was signed.
- 16) New Permit or Renewal?: Check only one box.

Please do not forget to provide the required documents. These include:

- A copy of the vessel's current USCG Certificate of Documentation or CNMI boat registration.
- Payment by check for the non-refundable application processing fee of \$xx. Please make check payable to "Department of Commerce, NOAA." Cash will not be accepted.
- If the Applicant is not the vessel owner, a signed letter from the vessel owner authorizing the applicant to act as an agent for the vessel owner is required.

Mail the application with payment and all required documents to:

NMFS Pacific Islands Regional Office  
ATTN: Permits  
1601 Kapiolani Blvd., Suite 1110  
Honolulu, HI 96814-4733