

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
 727/824-5326 (8:00 am - 4:30 pm ET)
 http://sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Permit Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
Non Compliance Hold Date	
Non Compliance Cleared Date	
PERMIT NUMBER	
Expiration Date	

REMEMBER TO SEND A COPY of your current (not expired) United States Coast Guard (USCG) Certificate of Documentation. If this vessel is not documented, send a copy of your state vessel registration. If we have a copy of your documentaion or state registration on file, it must not be expired. Do not send your original. We cannot accept a bill of sale. If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

- Please provide the following required information.
- The applicaiton fee is \$50.00, replacement fee is \$18.00. Fees are payable as Check or Money Order made out to the U.S. Treasury.

April 16, 2011- January 14, 2012

1. VESSEL INFORMATION

<p>OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented)</p> <input style="width: 100%;" type="text"/> <p>STATE REGISTRATION NUMBER (as applicable)</p> <input style="width: 100%;" type="text"/> <p>VESSEL NAME</p> <input style="width: 100%;" type="text"/> <p>HULL IDENTIFICATION or IMO NUMBER</p> <input style="width: 100%;" type="text"/> <p>HAILING PORT CITY</p> <input style="width: 100%;" type="text"/> <table style="width: 100%;"> <tr> <td style="width: 50%;">HAILING PORT COUNTY OR PARISH</td> <td style="width: 50%;">HAILING PORT STAT</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	HAILING PORT COUNTY OR PARISH	HAILING PORT STAT	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<p>YEAR BUILT</p> <input style="width: 100%;" type="text"/> <p>Crew Size - Including the Captain</p> <input style="width: 100%;" type="text"/> <p>HOLD or FISH BOX CAPACITY (Pounds of Harvest)</p> <input style="width: 100%;" type="text"/>	<p>LENGTH (FEET)</p> <input style="width: 100%;" type="text"/> <p>FUEL DATA</p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER (DESCRIBE)</p> <p>FUEL CAPACITY - TOTAL GALLONS</p> <input style="width: 100%;" type="text"/>	<p>TOTAL HORSEPOWER</p> <input style="width: 100%;" type="text"/> <p>PRODUCT STORAGE (check all that apply)</p> <p><input type="checkbox"/> ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC.,</p> <p><input type="checkbox"/> FREEZER</p> <p><input type="checkbox"/> LIVE WELL</p>
HAILING PORT COUNTY OR PARISH	HAILING PORT STAT						
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						

USCG DOCUMENTED VESSELS ONLY

GROSS TONS	NET TONS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2. VESSEL OWNER AND/OR LESSEE INFORMATION

1) Please complete Section 2 on this page for the owner of the vessel (that issued to fish for wreckfish to be sold on this certificate) as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned, please enter the information for the managing (primary) owner. If the owner is a business, enter the Federal ID number and date the business was filed. If the owner is an individual, enter the Social Security Number.

2) Complete the bottom part of Section 2 for a joint owner if the vessel is jointly owned by more than one owner, OR if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. You must submit information on each joint owner and for each lessee. If you need more spaces for additional owners or lessees, copy this page blank first or provide the required information on a separate sheet of paper.

3) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

Vessel Owner as shown on the USCG Certificate of Documentation, or for undocumented vessels, the State Registration.

Check one INDIVIDUAL or SOLE PROPRIETORSHIP JOINT OWNERSHIP PARTNERSHIP CORPORATION OTHER _____

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR, SR, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Second Vessel Owner as shown on the USCG Certificate of Documentation or State Registration, or Vessel Lessee.
This section is required only if the vessel is jointly owned and/or if the vessel is leased from the owner.
Photocopy this page if more room is needed.

Check one INDIVIDUAL or SOLE PROPRIETORSHIP JOINT OWNERSHIP PARTNERSHIP CORPORATION OTHER _____

Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR, SR, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input type="checkbox"/> Check box if same as Mailing Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 1) Please complete section 3 on this page for the Wreckfish Shareholder. If the Wreckfish Shareholder is a business, enter the Federal ID number and date the business was filed. If the owner is an individual, enter the Social Security Number and date of birth.
- 2) Complete the bottom part of section 3 for a joint shareholder owner if the shares are jointly held by more than one person.

3. WRECKFISH SHAREHOLDER INFORMATION

Shareholder's Certificate Number

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Second Wreckfish Shareholder

Shareholder's Certificate Number

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

4. OFFICER/SHAREHOLDER INFORMATION FOR WRECKFISH SHAREHOLDERS

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

If this shareholder's certificate is owned by a business, then complete this section for each officer or partner associated with the business. You must provide the information for all officers that are shown on your most recent annual report. If your business is structured as a corporation, you are required to identify all shareholders that own at least 1% of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Please mark the box indicating there are minor shareholders if you have shareholders that individually hold less than 1% of the shares of the company. The total of all entries must be 100 percent unless you have minor shareholders.

Business name:

Federal Tax ID #

All individuals associated with the above-named vessel owner or lessee must be included in this application. Photocopy this page or attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business. Provide their name, Social Security Numbers, address, phone number, date of birth, and position held in business.

Position held - check ALL that apply							
<input type="checkbox"/> President/CEO	<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Director/Manager	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Other	
Percent (%) of Corporation Held		<input style="width: 80px;" type="text"/>					
Mr/Mrs/Ms	Last Name	First Name		Middle Name		Suffix - JR,SR,etc.	
<input style="width: 70px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 230px;" type="text"/>		<input style="width: 180px;" type="text"/>		<input style="width: 70px;" type="text"/>	
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 280px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 280px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (SSN)		Date of Birth		Area Code	Phone Number		
<input style="width: 210px;" type="text"/>		<input style="width: 310px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 110px;" type="text"/>		

Position held - check ALL that apply							
<input type="checkbox"/> President/CEO	<input type="checkbox"/> Vice President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Director/Manager	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Other	
Percent (%) of Corporation Held		<input style="width: 80px;" type="text"/>					
Mr/Mrs/Ms	Last Name	First Name		Middle Name		Suffix - JR,SR,etc.	
<input style="width: 70px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 230px;" type="text"/>		<input style="width: 180px;" type="text"/>		<input style="width: 70px;" type="text"/>	
Mailing Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 280px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>
Physical Address		Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 280px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address							
Tax ID # (SSN)		Date of Birth		Area Code	Phone Number		
<input style="width: 210px;" type="text"/>		<input style="width: 310px;" type="text"/>		<input style="width: 60px;" type="text"/>	<input style="width: 110px;" type="text"/>		

MINOR SHAREHOLDERS - Check here if one or more shareholders individually holds shares that is less than 1% of the total shares of the company.

TOTAL PERCENTAGE (%) of the company shares held by minor shareholder(s)

SECTION 5. CERTIFICATION AND SIGNATURE OF APPLICANT. If the wreckfish shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor or agent of the shareholder.

Shareholder's Signature	<input style="width: 95%; height: 25px;" type="text"/>	Date	<input style="width: 95%; height: 25px;" type="text"/>
Print Name	<input style="width: 95%; height: 25px;" type="text"/>		