



MARINE MAMMAL AUTHORIZATION PROGRAM Registration Form

Regulations implementing section 118 of the Marine Mammal Protection Act (50 CFR 229.4) requires the owner of a commercial fishing vessel engaged in a Category I or II fishery to obtain an authorization for the incidental take of marine mammals. Failure to obtain an authorization, or to maintain a current and valid authorization, shall subject vessel owners to the penalties of the Marine Mammal Protection Act. If you will be participating in one of the Category I or II fisheries listed on the insert of this application, complete the following:

Please **PRINT LEGIBLY and in CAPITAL LETTERS**, all responses in the blocks provided. See page 6 for complete instructions.

VESSEL NAME	VESSEL STATE REG. NO. / COAST GUARD DOC. NO.	LENGTH (Ft)
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PORT OF VESSEL CITY	STATE	COMM. VESSEL LIC. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>

LAST NAME OF PRIMARY VESSEL OWNER	FIRST NAME OF PRIMARY VESSEL OWNER	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

LAST NAME OF SECONDARY VESSEL OWNER	FIRST NAME OF SECONDARY VESSEL OWNER	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

CORPORATE NAME (if applicable)

DATE OF INCORPORATION (if applicable)

MAILING ADDRESS (for business correspondence)

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TELEPHONE NUMBER (including area code)	FAX NUMBER (including area code)
<input type="text"/>	<input type="text"/>

PRIMARY VESSEL OWNER TAX IDENTIFICATION NUMBER/ SOCIAL SECURITY NUMBER	<input type="text"/>	PRIMARY VESSEL OWNER DATE OF BIRTH	<input type="text"/>
---	----------------------	---	----------------------

SECONDARY VESSEL OWNER TAX IDENTIFICATION NUMBER/ SOCIAL SECURITY NUMBER	<input type="text"/>	SECONDARY VESSEL OWNER DATE OF BIRTH	<input type="text"/>
---	----------------------	---	----------------------

This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal permits. The primary purpose for requesting the SSN/TIN is for the collection and reporting on any delinquent amounts arising out 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.

LAST NAME OF OPERATOR (if different than owner)	FIRST NAME OF OPERATOR	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS (for business correspondence)

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TELEPHONE NUMBER (including area code)	FAX NUMBER (including area code)
<input type="text"/>	<input type="text"/>

For Administrative Use Only:

M.O. Check No. _____ Received B y: _____ Date: _____ Certificate Issued By: _____ Date: _____

MARINE MAMMAL AUTHORIZATION PROGRAM

Certification

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THE ABOVE NAMED VESSEL (OR NON-VESSEL FISHING GEAR), OR THAT I AM AUTHORIZED TO REGISTER FOR THIS AUTHORIZATION ON BEHALF OF THE OWNER, THAT I HAVE REVIEWED ALL INFORMATION CONTAINED IN THIS DOCUMENT, AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

IF THIS REGISTRATION IS SIGNED BY A PERSON OTHER THAN THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE ABOVE-NAMED VESSEL, PLEASE COMPLETE THE FOLLOWING:

LAST NAME OF REPRESENTATIVE

FIRST NAME OF REPRESENTATIVE

M.I.

ADDRESS

CITY

STATE

ZIP CODE

Mail this completed registration form,
along with a check in the amount of \$25.00, payable to the National Marine Fisheries Service,
to the nearest NMFS regional office listed below.
(Please allow 30 days for processing):

Marcia Hobbs
NMFS Northeast Region
One Blackburn Dr
Gloucester, MA 01930
978-281-9328
e-mail: Marcia.Hobbs@noaa.gov

Teletha Griffin
NMFS Southeast Region
9721 Executive Center Dr North
St. Petersburg, FL 33702
727-570-5312
e-mail: Teletha.Griffin@noaa.gov

Lyle Enriquez
NMFS Southwest Region
501 West Ocean Blvd, Suite 4200
Long Beach, CA 90802
562-980-4025
e-mail: Lyle.Enriquez@noaa.gov

This collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1387) and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to approximate fishing effort in various fisheries which impact marine mammal populations in U. S. waters and to alert vessel owners of applicable rules and regulations regarding the incidental take of marine mammals in commercial fishing operations. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for new applications and 9 minutes per response for renewals, including the 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 aspect of this collection of information, including suggestions for reducing this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910, (301) 713-2332.

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB control number. The OMB Control number for this form is 0648-0293, which expires on 7/31/2012.

MARINE MAMMAL AUTHORIZATION PROGRAM

Registration Form Instructions

VESSEL NAME: Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank. A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH VESSEL, OR EACH FIXED GEAR SITE FOR A NON-VESSEL FISHERY.

LENGTH (FT): Enter the overall length of the vessel, in feet.

HOME PORT OF VESSEL - CITY, STATE: Enter the city and state where the vessel is registered.

VESSEL STATE REGISTRATION NO./COAST GUARD DOCUMENTATION NO.: Enter either the vessel's state registration number OR Coast Guard Documentation number. One of these numbers must be provided or an authorization cannot be granted. In the case of non-vessel fisheries, enter the site permit or set-net license number.

STATE COMMERCIAL VESSEL LICENSE NO.: Enter the vessel's state commercial fishery vessel license number, if applicable. In Alaska, this is the ADFG commercial fishery vessel license number. In California, this is the CDFG commercial fishery vessel license number.

PRIMARY VESSEL OWNER: Enter the vessel owner's last name, first name, and middle initial.

SECONDARY VESSEL OWNER: If the vessel is jointly owned, enter the secondary vessel owner's last name, first name, and middle initial.

CORPORATE NAME: If the vessel is owned by a corporation, enter the full legal name of that corporation.

DATE OF INCORPORATION: If the vessel is owned by a corporation, enter the date it was incorporated.

MAILING ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER: Enter the address that the vessel owner or corporate owner uses for business correspondence. Enter the vessel owner's phone number, including area code.

SOCIAL SECURITY NUMBER: If the vessel owner participates in an Alaska Fishery, enter the vessel owner's social security number.

DATE OF BIRTH: Enter the vessel owner's date of birth.

OPERATOR: If the operator of the vessel is different than the owner, enter the operator's last name, first name, and middle initial.

MAILING ADDRESS, CITY, STATE, ZIP CODE, and TELEPHONE NUMBER: Enter the address that the operator of the vessel uses for business correspondence. Enter the vessel owner's phone number and fax number, including area code.

FISHERIES CHECKLIST: Check the circle corresponding to the fishery or fisheries in which you will participate during the next year. Registration for fisheries marked with an asterisk (*) has been integrated with existing state and Federal permitting and licensing programs. If you have a valid permit to participate in any of the fisheries marked with an asterisk (*), you are not required to submit an MMAP registration form and processing fee in order to receive a Marine Mammal Authorization Certificate. However, if you participate in any of the fisheries not marked with an asterisk (*), you must complete this form and mail it to NMFS, along with the \$25 processing fee. If you will not be participating in any of the fisheries identified on the checklist, you do not need to fill out this registration form.

CERTIFICATION: The vessel owner or operator must sign and date the registration form. If someone filled out the form other than the vessel owner or operator, enter the representative's full name and address.

MAILING INSTRUCTIONS: After completing the registration form, mail it, along with a check in the amount of \$25, payable to the *National Marine Fisheries Service*, to the nearest NMFS regional office address listed on page 4. A Marine Mammal Authorization Program certificate or decal will be sent to you in the mail. The decal must be displayed on the port side of the vessel's cabin or hull, and the certificate must be in the possession of the vessel operator while engaged in commercial fishing operations.