



FEDERAL FISHERIES PERMIT APPLICATION FORM

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE

OMB Control No: 0648-0463
Expiration Date: xx/xx/xxxx

PACIFIC ISLANDS REGION

201x

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

**WESTERN PACIFIC CORAL REEF ECOSYSTEM
TRANSHIPMENT PERMIT
(for Receiving Vessels)**

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

***MANAGEMENT AREA:** 1. American Samoa 2. Hawaii 3. Guam and Northern Mariana Islands
(select one) 4. Pacific Remote Island Areas

***VESSEL NAME:** _____ ***VESSEL OFFICIAL NO:** _____
number) (USCG or vessel registration)

***VESSEL LENGTH OVERALL:** _____ (feet) **RADIO CALL SIGN:** _____

***VESSEL OWNER:** _____
First, Middle, & Last Name or Business Name

***PERMIT HOLDER:** _____ (If same as Vessel Owner, write Same) _____ Taxpayer Identification Number
person) (EIN for business, SSN for

***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 Permit Holder) (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, Corporate officer or partner, Designated agent, or Other _____
(Check only one)

***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) 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)).

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 10 minutes for the WP coral reef ecosystem transshipment 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.