

FEDERAL PERMIT APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

OMB No. 0648-0205 Form Approval Expires: 08/31/2011

PAPERCLIP
PASSPORT STYLE
PHOTOS HERE. NO
STAPLES, GLUE OR
TAPE.

**REQUIRED FOR SOUTH ATLANTIC ROCK SHRIMP
AND/OR ATLANTIC DOLPHIN WAHOO**

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
1-877-376-4877 Toll Free
<http://sero.nmfs.noaa.gov>



Check or Money Order Number:	
Reviewer's Initials and Date	
Expiration Date:	

FOR OFFICE USE ONLY

FEE: \$50.00
REPLACEMENT CARD \$18.00

Application ID

FOR OFFICE USE ONLY

GENERAL INSTRUCTIONS: Operator cards are required by the operator of a commercial vessel or charter/headboat fishing for Atlantic Dolphin and/or Wahoo, or by the operator of a commercial vessel fishing for South Atlantic Rock Shrimp. Applications must be legible; illegible applications will be returned. Fees are payable by check or money order to the U.S. Treasury.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAY OR DENIAL OF AN OPERATOR CARD.

APPLICATION INSTRUCTIONS: All blanks in Section 1 must be filled in. Use Section 2 only if you have a mailing address that is different from the street address required in Section 1. Information is required for all categories in Section 3 including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue or tape the photos to the application. You must provide your Social Security Number.

1. VESSEL OPERATOR (CARD OWNER) INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)

CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

AREA CODE	TELEPHONE NUMBER
<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1

MAILING ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. IDENTIFYING INFORMATION

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTH PLACE (CITY, STATE, COUNTRY)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SEX	EYE COLOR	HAIR COLOR	If you are clean shaven or balding, indicate your actual hair color	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> Other	<input type="checkbox"/> BROWN <input type="checkbox"/> BLACK <input type="checkbox"/> GREY <input type="checkbox"/> WHITE <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> Other	If you are clean shaven or balding, indicate your actual hair color	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SIGNATURE

Applicant Signature	Print Name	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>