

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



# FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

Application ID

**FOR OFFICE USE ONLY**

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Reviewer's Initials and Date	
Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
SERO Dealer Number	
Expiration Date	

**1. DEALER INFORMATION**

Dealer entity is (check one):  INDIVIDUAL or SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  OTHER \_\_\_\_\_

If the dealer is a partnership, corporation, or other business entity provide the business name, Federal Tax ID number, and date the business was filed.

<b>Name of Partnership, Corporation, or Business</b>		<b>Date business was filed (MM/DD/YYYY)</b>
<b>Federal Tax ID Number</b>		

If the dealer is an Individual or Sole Proprietorship complete the following information - name, Social Security Number (SSN), and date of birth:

<b>Mr/Mrs/Ms</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix: JR,SR, etc.</b>

<b>Tax ID # (SSN)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>

**2. DEALER CONTACT INFORMATION**

<b>Mailing Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>	

<b>Street Address</b>	<b>Apt/Suite #</b>	<b>City</b>	<b>State</b>	<b>County/parish</b>	<b>Zip Code</b>	<b>Country</b>	

Check box if same as Mailing Address

<b>Area Code</b>	<b>Phone Number</b>	<b>Valid E-Mail Address</b>

### 3. Permits

INSTRUCTIONS: Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate what transaction you want.

	New	Renewal	Duplicate		New	Renewal	Duplicate
Atlantic Dolphin/Wahoo (DDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Wreckfish (WD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shark (SK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Rock Shrimp (RSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Swordfish (SD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Atlantic Golden Crab (GCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Atlantic Snapper-Grouper Excluding Wreckfish (SGD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gulf of Mexico Reef Fish (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. COMPANY OFFICER and SHAREHOLDER INFORMATION

Complete this section only if the Dealer listed in Section 1 is a Corporation, Partnership, or other business entity. If the Dealer listed in Section 1 is an individual or sole proprietorship, skip this section. Please copy this page as needed to provide information on all persons associated with the Dealer.

Please complete this section for each officer or partner associated by partnership, corporation, or other business relationship to the Dealer listed in Section 1.

**Position held:**

President/CEO  
  Vice President  
  Secretary  
  Treasurer  
  Director/Manager  
  Agent  
  Other

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

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

SSN	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Position held:**

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Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr,Sr,etc
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### 5. RECEIVING FACILITIES

INSTRUCTIONS: List the names and street addresses for all facilities where product is received (fish is off loaded from the fishing vessels). Please copy this page as needed to provide information on all facilities where fish are received.

CHECK HERE IF THE STREET ADDRESS YOU GAVE ON PAGE ONE IS ALSO A FACILITY WHERE YOU RECEIVE FISH FROM THE FISHERMEN. IF IT IS A RECEIVING FACILITY - ONLY THOSE FACILITIES THAT ARE AT A DIFFERENT LOCATION ON THIS PAGE

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

BUSINESS NAME		AREA CODE	TELEPHONE NUMBER			
PHYSICAL ADDRESS	CITY	STAT	COUNTY	ZIP CODE	COUNTRY	

## 6. State Wholesaler Licenses

Complete the following and provide a copy of each state wholesaler's license held by the dealer.

State Wholesaler License Number :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License :	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>
State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>	State Wholesaler License Number:	<input style="width: 90%;" type="text"/>	State Issued By	<input style="width: 90%;" type="text"/>

Other Federal permits or licenses held (issued from a Federal permit office outside of the Southeast Region).



## 7. SIGNATURE

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the business as listed in Section 4.

Applicant Signature

Date

Printed Name

Position in Company (if applicable)



**Payment Reminder:**

**All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee required is \$50.00 for the first fishery and \$12.50 for each additional fishery requested with this application.**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, 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 suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Name and address information will be released via a NOAA website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.