

**U.S. DEPT OF COMMERCE, NOAA**  
 NMFS PERMITS OFFICE, F/SER14  
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 http://sero.nmfs.noaa.gov



# FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

| FOR OFFICE USE ONLY                |  |
|------------------------------------|--|
| Reviewer's Initials and Date       |  |
| Sanction Case Number if Sanctioned |  |
| Expiration Date                    |  |

Application ID  
  
 FOR OFFICE USE ONLY

**REMEMBER TO SEND A COPY of your current (not expired) United States Coast Guard (USCG) Certificate of Documentation. If we have a copy of your USCG Certificate of Documentation on file, it must not be expired. Do not send your original. We cannot accept a bill of sale.**

January 1, 2011 - December 31, 2011

**1. VESSEL INFORMATION**

| <p><b>USCG DOCUMENTATION NUMBER</b></p> <input style="width: 100%;" type="text"/>               | <p><b>TOTAL HORSEPOWER</b></p> <input style="width: 100%;" type="text"/>   | <p><b>YEAR BUILT</b></p> <input style="width: 100%;" type="text"/>  | <p><b>LENGTH (FEET)</b></p> <input style="width: 100%;" type="text"/> |  |  |                                   |   |                                      |   |
|---|--|---|---|--|--|-----------------------------------|---|--------------------------------------|---|
| <p><b>VESSEL NAME</b></p> <input style="width: 100%;" type="text"/>                             | <p><b>Crew Size - Total number of crew, Including the Captain</b></p> <input style="width: 100%;" type="text"/>  |   |   |  |  |                                   |   |                                      |   |
| <p><b>HULL COLOR</b></p> <input style="width: 100%;" type="text"/>                              | <p><b>SUPERSTRUCTURE COLOR</b></p> <input style="width: 100%;" type="text"/>   | <p><b>NAME OF COMPANY THAT BUILT THE VESSEL</b></p> <input style="width: 100%;" type="text"/>   |   |  |  |                                   |   |                                      |   |
| <p><b>INTERNATIONAL RADIO CALL SIGN</b></p> <input style="width: 100%;" type="text"/>           | <p><b>HOLD or FISH BOX CAPACITY (Pounds of Harvest) How many pounds of product can you bring to the dock when full?</b></p> <input style="width: 100%;" type="text"/>  |   |   |  |  |                                   |   |                                      |   |
| <p><b>DO YOU HAVE SAILS?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |  |   |   |  |  |                                   |   |                                      |   |
| <p><b>HULL IDENTIFICATION or IMO NUMBER</b></p> <input style="width: 100%;" type="text"/>       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">HULL MATERIAL</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> FIBERGLASS</td></tr> <tr><td><input type="checkbox"/> STEEL</td></tr> <tr><td><input type="checkbox"/> WOOD</td></tr> <tr><td><input type="checkbox"/> CEMENT</td></tr> <tr><td><input type="checkbox"/> OTHER</td></tr> </tbody> </table>                          |   |   | HULL MATERIAL                          | <input type="checkbox"/> FIBERGLASS  | <input type="checkbox"/> STEEL    | <input type="checkbox"/> WOOD             | <input type="checkbox"/> CEMENT      | <input type="checkbox"/> OTHER            |
| HULL MATERIAL   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> FIBERGLASS   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> STEEL  |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> WOOD   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> CEMENT   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> OTHER  |  |   |   |  |  |                                   |   |                                      |   |
| <p><b>HAILING PORT CITY</b></p> <input style="width: 100%;" type="text"/>                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FUEL DATA</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> DIESEL</td></tr> <tr><td><input type="checkbox"/> GASOLINE</td></tr> <tr><td><input type="checkbox"/> OTHER (DESCRIBE)</td></tr> <tr> <td><b>FUEL CAPACITY - TOTAL GALLONS</b></td> </tr> <tr><td><input style="width: 100%;" type="text"/></td></tr> </tbody> </table> |   |   | FUEL DATA                              | <input type="checkbox"/> DIESEL  | <input type="checkbox"/> GASOLINE | <input type="checkbox"/> OTHER (DESCRIBE) | <b>FUEL CAPACITY - TOTAL GALLONS</b> | <input style="width: 100%;" type="text"/> |
| FUEL DATA   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> DIESEL   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> GASOLINE   |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> OTHER (DESCRIBE)   |  |   |   |  |  |                                   |   |                                      |   |
| <b>FUEL CAPACITY - TOTAL GALLONS</b>  |  |   |   |  |  |                                   |   |                                      |   |
| <input style="width: 100%;" type="text"/>   |  |   |   |  |  |                                   |   |                                      |   |
| <p><b>HAILING PORT COUNTY OR PARISH</b></p> <input style="width: 100%;" type="text"/>           | <p><b>HAILING PORT STAT</b></p> <input style="width: 100%;" type="text"/>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">PRODUCT STORAGE (check all that apply)</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC.,</td></tr> <tr><td><input type="checkbox"/> FREEZER</td></tr> <tr><td><input type="checkbox"/> LIVE WELL</td></tr> </tbody> </table> |   | PRODUCT STORAGE (check all that apply) | <input type="checkbox"/> ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC., | <input type="checkbox"/> FREEZER  | <input type="checkbox"/> LIVE WELL        |                                      |   |
| PRODUCT STORAGE (check all that apply)  |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC.,                      |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> FREEZER  |  |   |   |  |  |                                   |   |                                      |   |
| <input type="checkbox"/> LIVE WELL  |  |   |   |  |  |                                   |   |                                      |   |
| <p><b>GROSS TONS</b></p> <input style="width: 100%;" type="text"/>                              | <p><b>NET TONS</b></p> <input style="width: 100%;" type="text"/>   |   |   |  |  |                                   |   |                                      |   |

## 2. VESSEL OWNER AND LESSEE INFORMATION

Copy this page as needed to provide the required information on all persons or businesses that own or lease the vessel listed in Section 1.

- 1) Please complete the top section of this page for the owner of the vessel as shown on the USCG Certificate of Documentation. 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 with the state. If the owner is an individual, enter the Social Security Number.
- 2) Complete the bottom section of this page 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 the blank form or provide the required information on a separate sheet of paper.
- 3) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information, usually the managing owner if the vessel is jointly owner. Please only mark one box.

Vessel Owner as shown on the USCG Certificate of Documentation,  
This section is required for all applications.

|  |                               |   |                      |                          |                      |                      |                      |
|--|-------------------------------|---|----------------------|--------------------------|----------------------|----------------------|----------------------|
| Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____ |                               |   |                      |                          |                      |                      |                      |
| <input type="checkbox"/> 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 -<br>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 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.

|  |                               |   |                      |                          |                      |                      |                      |
|--|-------------------------------|---|----------------------|--------------------------|----------------------|----------------------|----------------------|
| This entity is a vessel OWNER <input type="checkbox"/> or vessel LESSEE <input type="checkbox"/> (For lessees only) LEASE START DATE: <input type="text"/> LEASE EXPIRATION DATE: <input type="text"/>                       |                               |   |                      |                          |                      |                      |                      |
| Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____ |                               |   |                      |                          |                      |                      |                      |
| <input type="checkbox"/> 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 -<br>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"/> |                      |                      |

**REMINDER: THE APPLICANT MUST SIGN THE APPLICATION IN THE SIGNATURE SECTION ON PAGE 4**

### 3. OFFICER/SHAREHOLDER INFORMATION FOR ENTITIES THAT OWN OR LEASE THE VESSEL

This page must be filled out if a company/business is listed as the owner or the lessee of the vessel in Section 2.  
 Copy this page as needed to provide information on all persons that are officers/shareholders of the business/company shown in Section 2.

If this vessel is owned or leased 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 in the corporation 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.

Owner or lessee of the vessel:     Owner     Lessee

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 Number, address, phone number, date of birth, and position held in business.

**Position held - check ALL that apply**  
 President/CEO     Vice President     Secretary     Treasurer     Director/Manager     Shareholder     Other

Percent (%) of Corporation Held

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Mr/Mrs/Ms</b>                          | <b>Last Name</b>                          | <b>First Name</b>                         | <b>Middle Name</b>                        | <b>Suffix - Jr,Sr,etc</b>                 |
| <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"/> |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <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>                            |
| <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"/> |

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

|   |   |   |   |
|---|---|---|---|
| <b>SSN</b>                                | <b>Date of Birth (MM/DD/YYYY)</b>         | <b>Area Code</b>                          | <b>Phone Number</b>                       |
| <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 - check ALL that apply**  
 President/CEO     Vice President     Secretary     Treasurer     Director/Manager     Shareholder     Other

Percent (%) of Corporation Held

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Mr/Mrs/Ms</b>                          | <b>Last Name</b>                          | <b>First Name</b>                         | <b>Middle Name</b>                        | <b>Suffix - Jr,Sr,etc</b>                 |
| <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"/> |

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| <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>                            |
| <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"/> |

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

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

MINOR SHAREHOLDERS - Check here if one or more of shareholders individually holds shares that is less than 1% of the total shares of the company.  
 TOTAL PERCENTAGE (%) of Company held by Minor Shareholder(s)

## SECTION 4. ADDITIONAL INFORMATION

PRINCIPAL PORT OF LANDING OF THE FISH TO BE TAKEN FROM COLOMBIAN TREATY WATERS:

PRIMARY SPECIES OF FISH TO BE TAKEN FROM COLOMBIAN TREATY WATERS:

PRIMARY GEAR TO BE USED IN COLOMBIAN TREATY WATERS:

## 5. SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857).

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 2, or an officer or shareholder of the lessee as listed in Section 3. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 2, or an officer or shareholder of the owner as listed in Section 3.

Applicant Signature

Position in Company

Date

Print Name

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