## U.S. DEPT OF COMMERCE, NOAA NMFS PERMITS OFFICE, F/SER14

263 13TH Avenue South
St. Petersburg, FL 33701
Toll Free 877/376-4877 8:00 am - 4:30 pm ET

727/824-5326 (8:00 am - 4:30 pm ET)

http://sero.nmfs.noaa.gov

REPORT FOR THE DEPOSIT OR HARVEST OF AQUACULTURED LIVE ROCK

OMB No. 0648-205 Form Approval expires 08/31/2011

Form revised 04JAN2011

SARETHENT OF COLUMN

## FOR OFFICE USE ONLY

Reviewer Initials and Date Entered

INSTRUCTIONS: Complete section 1 and either section 2 or 3 with all information. Please sign, date, and print your name in section 4. 1. PERMIT HOLDER INFORMATION Permit holder as shown on the permit Site number the material was deposited to or harvested from 2. DEPOSIT INFORMATION Name of the source/supplier of the deposited material **Mailing Address** Apt/Suite # City State County/parish Zip Code Country County/parish Apt/Suite # State Zip Code **Physical Address** City Country Check box if same as Mailing Address Geographic origin of the deposited material Date Deposited (dd/mm/yyyy) Average Dimensions (inches) (e.g. 12" x 12") **Total Weight Deposited (Pounds)** 3. HARVEST INFORMATION - REQUIRED ONLY IF LANDED OUTSIDE THE STATE OF FLORIDA Name of the purchaser of the harvested material **Mailing Address** Apt/Suite # County/parish Zip Code City State Country County/parish Apt/Suite # State Zip Code **Physical Address** City Country Check box if same as Mailing Address Date Harvested (dd/mm/yyyy) **Total Dollar Value Total Weight Harvested (pounds)** Price Per Pound 4. SIGNATURE SIGNATURE PRINTED NAME POSITION IN COMPANY DATE