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)



FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

otto://coro.nmfc.nooo.gov	
http://sero.nmfs.noaa.gov	FOR OFFICE USE ONLY
	Reviewer's Initials and Date
	Check or Money Order
	Number and Amount:
	Sanction Case Number if Sanctioned:
	Non Compliance Hold Date:
	Non Compliance Cleared Date:
	New Expiration Date:
	Site Number
FOR OFFICE USE ONLY	
Application ID	New Application \$175.00 Renewal Application \$31.00
1 SITE IN	FORMATION
	sceed 117.75 feet (0.019NM). Aquacultured Live Rock permits for sites off the
otal acreage of all sites maintained by a single permit holder must not exc otal area of more than 1.0 acre OR off the coast of a state other than Flori atitude and Longitude must be reported as Degrees-Minutes to the third of	
If applying to obtain a permit for an existing depo	
Provide the SITE NUMBER (as assigned by NMFS) an existing site in this information section.	
If applying to obtain a permit for a new depostion	site:
Provide the deposition site center point latitude and longitude (in degrees, determining position, site radius, coast the site is located on, and minimum	
atitude Center Point	Longitude Center Point
Method of determining Latitude and Longitude GPS C	DGPS Radius (not to exceed 117.75 feet) ft.
This site is located off the coast of state):	Minimum Depth of water over the site at mean low water, reported in feet:
APPLICANT SIGNATURE - I certify that the	ne information provided is complete and correct
Applicant Signature	Date Signed
Printed Name	Position in Company

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 Fisheries 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.

2. PERMIT HOLDER INFORMATION

Please copy this page as needed to provide information on all permit holders.

- 1) Please complete this section for each permit holder. If the permit holder is a business or partnership, enter the Federal Tax ID number and date the business was filed or partnership was filed. If the permit holder(s) is/are individual(s) enter the Social Security Number(s)(SSN) and date(s) of birth. Complete the Joint Permit Holder information for a second permit holder if the permit is held by more than one individual. If you need more space, copy this form or provide the required information on a separate sheet of paper.
- 2) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information.

Permit Holder

If the permit holder is an INDIVIDUAL, fill in the personal information (SSN, date of birth, etc.) If the permit holder is a BUSINESS, fill in the business information (Federal Tax ID #, Date Business Filed, Name, etc.)

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 Na	me	Suffix - JR,SR,etc.
Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
Physical Address Check box if same as Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
ax ID # (Federal Tax ID or SSN)	Date of Birth or Da	ate Business Filed (MM/DD	/YYYY Area	a Code Phone N	lumber	
Fill out this section on	ly if the permit is jo	Joint Permit Holder		Photocopy this	page if nee	eded.
Fill out this section on Mailing Recipient - Mark t		intly held by more than	one person.			
Mailing Recipient - Mark t	this box if you want	intly held by more than	one person.		t; mark only	
Mailing Recipient - Mark t Mr/Mrs/Ms Last Name or Name	this box if you want	intly held by more than	one person.	ning this permi	t; mark only	one perso
Mailing Recipient - Mark t	this box if you want	t this entity to receive all	one person.	ning this permi	t; mark only	Suffix - JR,SR,etc.

3. OFFICER/SHAREHOLDER INFORMATION FOR A BUSINESS/PARTNERSHIP THAT HOLDS THE PERMIT

Please copy this page as needed for all officers/shareholders of the business that holds the permit.

Please complete this section for ea in Section 2. You must provide the inf corporation, you must identify all sha Provide the name, address, Social Section 1.	formation for all office areholders and the pe	ers that are shown on you ercentage of shares held b	r most recent annual by each individual. T	report. If your buth	siness is structured as a
Business name:			Federal Tax I	D#	
Position held		_	_		
Percent (%) of Corporation Held	Secretary	Treasurer Director/	Manager 🔲 Agent	Shareholder	Other
Percent (%) of Corporation Held					Suffix -
Mr/Mrs/Ms Last Name		First Name		Middle Name	JR,SR,etc.
Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code Country
				,	
Physical Address	Apt/Suite #	City	State	County/parish	Zip Code Country
Check box if same as Mailing Address					
Tax ID # (SSN)	Date of Birth	J [Area	Code Phone Nu	mber
Position held					
President/CEO Vice President	Secretary	Treasurer Director/	Manager 🔲 Agent	Shareholder	Other
Percent (%) of Corporation Held					
Mr/Mrs/Ms Last Name		First Name		Middle Name	Suffix - JR,SR,etc.
Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code Country
Physical Address Check box if same as Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code Country
T ID # (CCNI)	Data of Dinth][Ords Dhone Nu	
Tax ID # (SSN)	Date of Birth		Area	Code Phone Nu	mber

4. VESSEL INFORMATION (all information is required)

INSTRUCTIONS: Provide a copy of the valid, unexpired USCG Certificate of Documentation (or state registration if not documented) for each vessel listed. Provide all information for each vessel used to deposit/harvest aquacultured live rock at the permitted site. If more forms are needed, photocopy this form and number each additional vessel, or provide the required information on a separate sheet of paper. Each vessel used to harvest or deposit material MUST be listed.

OFFICIAL NUMBER FROM USCG CERTIF DOCUMENTATION (if the vessel is docu				YEAR BUILT	LENG	GTH (FEET)	TOTAL HO	DRSEPOWER
STATE REGISTRATION NUMBER (if appl	icable)			Crew Size - Including th	e Capta	ain		
				HOLD CAPACITY (Pounds of Harvest)		E WELL CAPACI	TY	
ESSEL NAME				,	Ì			
IULL IDENTIFICATION or IMO NUMBER				USCG DOCUMENTED VESSELS ONLY	╗╢╹	IULL MATERIAL	FUEL DIES	
IAILING PORT CITY				GROSS TONS	┦╢╻	FIBERGLASS		SOLINE
						STEEL	OTH	
IAILING PORT COUNTY or PARISH	HAILING	PORT STA	ΛT	NET TONS		WOOD		
-	TAILING	TOKTOTA	٠.			CEMENT	TOTAL CAPAC	_
ORT OF LANDING CITY	PORT OF LA	NDING S	TATE			OTHER	(GALLC	ONS)
/Ir/Mrs/Ms Last Name or Name o	of Business			First Name		Middle Na		
				First Name		Wilddle Na	me	Suffix: JR,SR,
				First Name				Suffix: JR,SR,
Mailing Address	Apt	/Suite #	City	First Name	State	County/parish	Zip Code	Suffix: JR,SR, Country
-	•			First Name		County/parish	Zip Code	Country
-	•	/Suite # /Suite #		First Name	State State			
Street Address Check box if same as Mailing Address	Aptı	/Suite #	City		State	County/parish County/parish	Zip Code Zip Code	Country
Street Address Check box if same as Mailing Address	Aptı	/Suite #	City	ess Filed (MM/DD/YYYY)	State	County/parish	Zip Code Zip Code	Country
Check box if same as Mailing Address Tax ID # (Federal Tax ID or SSN)	Aptr	/Suite #	City	ess Filed (MM/DD/YYYY)	State Area	County/parish County/parish a Code Phone N	Zip Code Zip Code	Country Country
Check box if same as Mailing Address Tax ID # (Federal Tax ID or SSN)	Aptr	/Suite #	City	ess Filed (MM/DD/YYYY)	State Area	County/parish County/parish a Code Phone N	Zip Code Zip Code	Country Country
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Check box if same as Mailing Address Tax ID # (Federal Tax ID or SSN) /ESSEL 1 JOINT OWNER INFORM/ Mr/Mrs/Ms Last Name or Name of Mailing Address	Aption as shoot Business Apti	/Suite #	City Busine De USC City	ess Filed (MM/DD/YYYY) G Certificate of Documenta	State Area ation (if	County/parish County/parish Code Phone N not documented Middle Nat	Zip Code Zip Code Number I, then State Re	Country Country
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