

Vessel Monitoring Systems Installation and Activation Checklist for the Highly Migratory Species Pelagic Longline Fisheries

INSTRUCTIONS: This Vessel Monitoring Systems (VMS) Installation and Activation Checklist for the Highly Migratory Species (HMS) Pelagic Longline Fisheries is provided by the National Marine Fisheries Service (NMFS) pursuant to the regulatory requirements of 50 C.F.R. § 635.69(d). The vessel owner or operator must follow the indicated procedures when installing or re-installing an NMFS-approved VMS unit.

This checklist is applicable for the listed VMS providers currently approved for use in the HMS fisheries. Revised checklists will be provided if additional VMS providers are approved. Follow the particular checklist steps for the communications service and transmitting unit selected by the vessel owner. The vessel owner is responsible for all installation and activation costs. After completion of the installation and activation, the owner may confirm that the National Oceanic and Atmospheric Administration (NOAA) is receiving position reports by calling the NOAA Office of Law Enforcement (OLE) in St. Petersburg, Florida, at 727-570-5344, or by sending email to vms@noaa.gov.

INSTALLATION AND ACTIVATION CHECKLIST

1. Consult the "Vessel Monitoring System; List of Approved Mobile Transmitting Units and Communications Service Providers," published as a Notice in the Federal Register at 68 Fed. Reg. 11,534 (published 3/11/03), for the list of approved transmitting units and communications service providers. This was supplemented by a notice published on May 1, 2003 (68 Fed. Reg. 23,285). The list of approved units/providers is available from NMFS by calling 727-570-5344 or by obtaining the Federal Register notice from archived records on the internet at : http://www.access.gpo.gov/su_docs/aces/aces140.html
2. If you already have an INMARSAT-C transmitting unit, continue to the next step. If not, go to Step 4.
3. If you have an INMARSAT-C transmitting unit that is the same make and model as the approved units, in order to qualify this unit for use in VMS, ensure the unit is functionally equivalent to the approved unit.
 - This requires you to upgrade the version of software and firmware for the unit, and/or reconfigure the message settings (unit parameters and menu options).
 - Contact the VMS provider for your make and model and upgrade your unit. After the provider performs the upgrade, go to Step 11. If you do not get an upgrade, continue to the next step.
4. Purchase new equipment and services for VMS.
 - Contact the entity(s) identified in the Notice under "VMS PROVIDER ADDRESSES" for information.
 - Identify yourself to the providers as participating in the "Highly Migratory Species VMS" to obtain the product information, pricing, unit configuration, and service options for VMS.
5. Choose INMARSAT-C providers: one for the transmitting unit, and one for communications services.
 - The NOAA VMS is designed so that the fisherman has free choice of any combination of type-approved INMARSAT-C options.
 - Do the next two steps, Steps 6 and 7, in any order; then go to Step 8.

6. Choose the INMARSAT-C communications service provider you prefer and establish a service contract.
 - This includes applying for subscriber services, establishing credit, and setting up a billing account for ongoing communications charges.
 - If applicable, record the important, identifying information, such as a user name and password to access your private position information and your transmitting unit, and the INMARSAT-C email address of your unit.
7. Choose the INMARSAT-C transmitting unit you prefer.
 - If you purchase a Thrane & Thrane TT3022D or TT3026, request part number "NMFS".
 - If you purchase a Trimble Galaxy TNL7005, request part number P/N 17760-45. Or, if you purchase a Trimble Galaxy Courier TNL8005, request P/N 30090-45.
 - The Thrane & Thrane provider initially will mail you only the form known as the INMARSAT Service Activation Request Form (SARF).
 - The Trimble manufacturer will enclose the SARF, together with its shipment of a unit that has been appropriately configured for VMS message settings.
8. Register your transmitting unit for INMARSAT-C use, following these steps.
 - Fill out the SARF form referred to in the above step.
 - Fax or mail the SARF to the "routing organization" indicated on the form for U.S.-flagged vessels.
 - Enclose proof of the fishing vessel's "ship radio license" (copy of FCC Form 506) with the SARF.
 - When the SARF is processed, you will be given an "INMARSAT Number" (also known as "IMN" or "Mobile Number").
 - This number uniquely identifies your unit within the INMARSAT system, similar to a telephone number. Record this number.
9. If you purchased a Thrane & Thrane unit, go to the next step. If you purchased a Trimble unit, go to Step 11.
10. Contact your Thrane & Thrane provider and inform him of your INMARSAT Number and the communications service provider company name you have chosen (in Step 6).
 - The Thrane & Thrane provider will configure the unit to be ready for VMS (VMS message settings and satellite operations), and will then ship the unit.
11. Install the transmitting unit and antenna according to the installation instructions contained in the manual supplied by the manufacturer, or contact a marine electronics specialist or dealer to install the unit. (Also see Step 12.)
12. Run the cable connecting the unit (or, for the TT3026M-NMFS, the terminating end of the cable) in the wheelhouse to the antenna mounted outside, through a solid, immovable and permanent part of the vessel such as a bulkhead, deck, or console.
13. Turn on the power to the vessel transceiver.
 - If you purchased a Trimble unit, continue to the next step. If not, go to Step 15.
14. In order to configure the Trimble unit for satellite operations, contact your communications service provider.
 - Have Customer Service download pre-determined NMFS position report and broadcast commands ("DNIDs") from its control center to the vessel transceiver via satellite. These commands will set up and start the VMS position reporting between your INMARSAT Number and NOAA OLE.
 - Make sure the Customer Service performs this step twice, for each of INMARSAT Ocean Areas, Atlantic East and Atlantic West.

15. Confirm, by phone, with your communications service provider's Customer Service that periodic position reports are now automatically being sent to NOAA OLE.
16. The vessel owner must sign the statement certifying compliance with the installation procedures of the above steps, then submit the certified checklist to the Office for Law Enforcement (OLE), National Oceanic and Atmospheric Administration NMFS, 9721 Executive Center Drive North, Suite 130, St. Petersburg, Florida 33702.

Vessel Name: _____ HMS Permit Number: _____

VMS Transmitting Unit Manufacturer: _____

VMS Communications Service Provider: _____

Certification:

In accordance with 50 C.F.R. § 635.69(d), as the owner of a vessel participating in the Highly Migratory Species Pelagic Longline Fisheries, I hereby certify that the VMS system on my vessel has been installed in compliance with the applicable procedures of this checklist.

Vessel Owner Name: _____

Vessel Owner Signature: _____ Date: _____

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the information requested in the Vessel Monitoring System (VMS) checklist is mandatory for the purpose of managing the Atlantic Pelagic Longline fishery. The checklist information is used to ensure proper operation of the VMS unit. Reporting burden for the collection of information is estimated to average 4 hours per installation, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. The burden for submission of this checklist is estimated at 5 minutes per response. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. It is the policy of the National Marine Fisheries Service not to release confidential data, other than in aggregate form, as the MSA protects the confidentiality of those submitting data. Whenever data are requested, the NMFS ensures that information identifying the pecuniary business activity of a particular individual is not identified. This information collection has been issued a valid OMB control number, and is subject to the requirements of the Paperwork Reduction Act and penalties associated with non-compliance. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, Office of Law Enforcement, 8484 Georgia Avenue, Suite 415, Silver Spring, MD 20910.

Vessel Monitoring Systems Certification Statement for Atlantic Highly Migratory Species Fisheries

INSTRUCTIONS: This form should be completed and signed by the owner and the qualified marine electrician that installed the VMS unit on the vessel named below. The completed form should be sent to NOAA Office of Law Enforcement, 263 13th Avenue South, Suite 109, St. Petersburg, Florida 33701. This Vessel Monitoring Systems (VMS) Certification Statement for the Highly Migratory Species (HMS) Fisheries is provided by the National Marine Fisheries Service (NOAA Fisheries) pursuant to the regulatory requirements of 50 C.F.R. § 635.69. This certification statement is applicable for the VMS providers currently approved for use in HMS fisheries.

A qualified marine electrician must follow the manufacturer's installation procedures when installing or re-installing a NOAA Fisheries-approved VMS unit. The vessel owner is responsible for all installation and activation costs. After completion of the installation and activation, the owner should confirm that NOAA Fisheries is receiving position reports by calling NOAA Office of Law Enforcement in St. Petersburg, Florida, at, 800-758-4833 or by sending an e-mail to NMFS.OLE.SE@noaa.gov.

Vessel Name: _____ U.S Coast Guard Documentation Number: _____

Installing marine electrician or dealer (name, address, and telephone number):

Date of Installation (mm/dd/yyyy): _____

VMS Enhanced Mobile Transceiver Unit (E-MTU):

Manufacturer name: _____

Model: _____

Manufacturer serial number (S/N): _____

Communication network serial number (ISN): _____

VMS Mobile Communications Service Provider (MCSP)

Communications provider name: _____

Communications ID number assigned by service provider: _____

Once the VMS E-MTU was installed, did the electrician/dealer, or the owner and/or operator of the vessel verify with NOAA OLE VMS Program personnel that position data was being received?

Yes No

Certification:

In accordance with 50 C.F.R. § 635.69(d), as a qualified marine electrician, I hereby certify that the VMS system on the vessel named above has been installed in compliance with applicable procedures.

Vessel Owner/Operator's Name: _____

Vessel Owner/Operator's Signature _____ Date: _____

Installer's Name: _____

Installer's Signature: _____ Date: _____

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the information requested in the Vessel Monitoring System (VMS) certification statement is mandatory for the purpose of managing the Atlantic HMS fisheries. The certification statement is used to ensure proper operation of the VMS unit. Reporting burden for the collection of information is estimated to average 4 hours per installation, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. The burden for submission of this certification statement is estimated at 5 minutes per response. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. It is the policy of the National Marine Fisheries Service not to release confidential data, other than in aggregate form, as the MSA protects the confidentiality of those submitting data. Whenever data are requested, NMFS ensures the information identifying the pecuniary business activity of a particular individual is not identified. This information collection has been issued a valid OMB control number, and is subject to the requirements of the Paperwork Reduction Act and penalties associated with non-compliance. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, Office of Law Enforcement, 8484 Georgia Avenue, Suite 415, Silver Spring, MD 20910.



PACIFIC STATES MARINE FISHERIES COMMISSION

205 SE Spokane Street, Suite 100

Portland, OR 97202

Tel: (503) 595-3100 Fax: (503) 595-3444

www.psmfc.org



INSTRUCTIONS FOR VMS REIMBURSEMENT REQUEST FORM

The following contains instructions for and descriptions of the required elements on the *VMS Reimbursement Request Form*. The reimbursement request form is a fillable form that can be completed and printed using free Adobe® Reader® software. To download free Adobe® Reader® software go to <http://www.adobe.com/>.

To enter text into the form, using Adobe® Reader® software, click in the spaces provided and begin typing. To move to the next fillable field press the tab key on your keyboard, or click in the space provided.

The blank reimbursement request form can also be printed and filled out by hand. For assistance with the *VMS Reimbursement Request Form*, contact Pacific States Marine Fisheries Commission at 503-595-3100.

Failure to supply information may result in delayed reimbursement processing. It is strongly advised that vessel owners/operators provide as much information as possible.

I. VESSEL INFORMATION

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Vessel Name:				
Region (<i>select one</i>):	<input type="checkbox"/> Alaska (AK)	<input type="checkbox"/> Northeast (NE)	<input type="checkbox"/> Northwest (NW)	<input type="checkbox"/> Pacific Islands (PI) <input type="checkbox"/> Southeast (SE)
Permit Number:	Fishery/Permit Type:			
USCG Documentation Number:	State Registration Number:			
License Number:	Other:			

Vessel Name

The name of the vessel that the VMS transmitter has been installed on and reimbursement is being requested for. The name on the request form should match the vessel names as listed on title, permit, Certification of Documentation, etc.

Region

Place a check mark in the check box to the left of the region the applicant vessel fishes and is required to carry a VMS transmitter in (e.g., Northwest, Southeast, Northeast, Alaska or Pacific Islands). If a vessel holds permits in multiple regions select the region that VMS Reimbursement is being requested for and has been approved by NOAA OLE.

Permit Number

If a vessel has been issued a Federal Fisheries Permit Number or other Permit Number provide the number(s) in the space allowed. A Federal Fisheries Permit Number is required of vessels in Northeast Fisheries Region. Vessels located in all other regions are strongly advised to provide a Permit Number in addition to a USCG Document Number and/or State Registration Number.



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Fishery/Permit Type

Provide the fishery or fisheries or permit type that requires the applicant vessel to have a VMS unit to fish. Fishery/Fisheries may be identified by one or more of the following elements (the following is not an exhaustive list of possible fishery classifications):

- **Fishing Area** (waters or seabed), **Region** (Northwest, Southwest, Northeast, Southeast, Alaska, etc.), **and/or Type** (High Seas, Coastal, Migratory, etc.)
- **Fishing Methods and/or Devices:** trap, trawl, troll, purse seine, gillnets, longlines, droplines, etc.
- **Class of Boat**
- **Species or Class Fished:** groundfish, rockfish, crab, salmon, shellfish, albacore, sablefish, etc.
- **Fishery Access and/or Purpose of Fishing Activities:** open access, limited entry, gear restrictions, catch limits, closed, Northeast Limited Access Scallop, etc.

For example: Gulf of Mexico Reef Fish Fishery, United States Atlantic Highly Migratory Species Fishery, NW Hawaiian Islands Marine National Monument, Northeast Surfclam/Ocean Quahog, Northeast Multispecies, etc.

State Registration Number

If a vessel has been issued a State Registration Number (i.e., CF numbers, FL numbers, OR numbers, etc.) provide it in the space allowed. Vessels that do not have a USCG Documentation Number and/or Federal Fisheries Permit Number must provide a State Registration Number.

USCG Documentation Number

United States Coast Guard (USCG) issued Documentation Number is required of all fisheries. In cases when a vessel does not have a USCG Documentation Number provide a State Registration Number (see Registration Number for more information) and/or Permit Number (see Permit Number for more information). Vessels that have a USCG Documentation Number are strongly advised to provide a State Registration Number, Permit Number, and/or License Number in addition to providing a USCG Documentation Number.

License Number

Provide any license numbers held by the fishing vessel and/or vessel owner in the space provided.

Other

This section can be used to provide any additional vessel information.



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II. VESSEL OWNER INFORMATION

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As it appears on permit, title, license, registration, etc. If under business ownership, provide business name and owner name.

First Name:		MI:		Last Name:	
Business Name:					
Mailing Address:					
Phone Number:		Email Address:			

FIRST NAME, MI, LAST NAME

Provide the name of the vessel owner as it appears on the vessel's documentation (i.e., title, permits, Certification of Documentation, etc.). If under business ownership, provide the name of the owner of the business in addition to the name of the business.

BUSINESS NAME

Provide the name of the business as it appears on the vessel's documentation (i.e., title, permit(s), Certification of Documentation, etc.) as well as the name of the owner of the business.

MAILING ADDRESS

Provide the mailing address as it appears on the vessel's documentation (i.e., title, permit(s), Certification of Documentation, etc.).

PHONE NUMBER

Provide the phone number where PSMFC or NOAA OLE will be able to contact the vessel owner.

EMAIL ADDRESS

Provide the email address where PSMFC or NOAA OLE will be able to contact the vessel owner.



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III. NOAA OLE COMPLIANCE AND REIMBURSEMENT CONFIRMATION INFORMATION

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NOAA OLE Issued Confirmation Number: Date Confirmation Issued:

Confirmation Number

Type or write the four-digit confirmation number in the space provided. A confirmation number is required for all reimbursement requests. Contact NOAA OLE’s VMS Helpdesk at 1-888-219-9228 to acquire the four-digit confirmation number.

Only vessels that are eligible for reimbursement will receive a confirmation number. Eligibility is determined by NOAA OLE. Questions regarding eligibility, requirements, and compliance contact the NOAA OLE VMS Helpdesk at 1-888-219-9228.

Date Confirmation Issued

Provide the date NOAA OLE issued the four-digit confirmation number in the space provided.

IV. VMS TRANSMITTER INFORMATION

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VMS Transmitter ID and/or serial number must be on itemized sales invoice in order for processing of reimbursement request.

Transmitter ID/Serial Number:	<input type="text"/>	Vessel Email Address:	<input type="text"/>
VMS Brand:	<input type="text"/>	VMS Model:	<input type="text"/>
Installation Date:	<input type="text"/>	Installed By:	<input type="text"/>
Electronics Dealer:	<input type="text"/>		
Dealer Contact:	<input type="text"/>	Dealer Phone:	<input type="text"/>

VMS Transmitter ID/Serial Number

VMS Transmitter ID (VMS unit serial or MCT number) is required for all fisheries regions. Contact the VMS vendor (e.g., Boatracs/AirIQ, Marine Inc.; CLS America, Inc.; Faria Watchdog, Inc.; GMPCS Personal Communications, Inc.; SkyMate, Inc.; Thrane & Thrane, Inc.), or electronics dealer that installed VMS unit on the applicant vessel for assistance.

VESSEL EMAIL ADDRESS

The email associated with the VMS unit installed on the applicant vessel.

VMS BRAND

The brand of VMS unit installed on the applicant vessel (i.e., Boatracs, Faria Watchdog, Thrane & Thrane, etc.).



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VMS MODEL

The model of the VMS unit installed on the applicant vessel (i.e., Sailor VMS Gold, Stellar ST2500G, etc.).

INSTALLATION DATE

The date the VMS unit was installed on the applicant vessel.

INSTALLED BY

The person responsible for installing the VMS unit on the applicant vessel.

ELECTRONICS DEALER

The electronics dealer whom the VMS was purchased from and/or installed by. If the VMS unit was purchased directly from a vendor (i.e., Boatracs, CLS America, Faria Watchdog, GMPCS Personal Communications, Skymate, or Thrane & Thrane) provide the vendor name.

DEALER CONTACT

Provide the name of the person that assisted you with the purchase and installation of the VMS unit. If the VMS unit was purchased directly from a vendor (i.e., Boatracs, CLS America, Faria Watchdog, GMPCS Personal Communications, Skymate, or Thrane & Thrane) provide the name of the individual that assisted you.

DEALER PHONE

Provide the phone number where PSMFC and/or NOAA may reach the dealer or dealer contact that sold and/or installed the VMS unit. If the VMS unit was purchased directly from a vendor (i.e., Boatracs, CLS America, Faria Watchdog, GMPCS Personal Communications, Skymate, or Thrane & Thrane) provide the phone number for the vendor or vendor contact.



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V. REIMBURSEMENT PAYMENT INFORMATION

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Make reimbursement check payable to:

Check one of the following selections. If approved, a reimbursement check will be sent to the person/entity specified in this section.

Applicant:	<input type="checkbox"/> Vessel Owner	<input type="checkbox"/> Vessel Operator
Vendor:	<input type="checkbox"/> Boatracs Inc. <input type="checkbox"/> CLS America Inc. <input type="checkbox"/> Faria Watchdog Inc.	<input type="checkbox"/> GMPCS Personal Communications, Inc. <input type="checkbox"/> SkyMate Inc. <input type="checkbox"/> Thrane & Thrane Inc.

Applicant Information:

Applicant information required for reimbursements to be made to applicant or vendor as specified above. The applicant is the Vessel Owner or Operator responsible for purchasing the installed VMS transmitter unit, and completing and signing this form.

Applicant:	<input type="checkbox"/> Vessel Owner	<input type="checkbox"/> Vessel Operator	
First Name:		MI:	Last Name:
Business Name:			
Mailing Address:			
Phone Number:		Email Address:	

MAKE REIMBURSEMENT CHECK PAYABLE TO

Check the box to the left of the entity (i.e., Vessel Owner, Vessel Operator, Boatracs Inc., CLS America Inc., Faria Watchdog Inc., etc.) that reimbursement should be paid to. Select only one option.

APPLICANT INFORMATION

Applicant Name (First, MI, Last Name)

The applicant is either the vessel owner or operator of the vessel that reimbursement is being requested for. If reimbursement is to be paid to a business print the vessel owner or operator name in the space provided for Applicant Name, and type or print the business name in the space provided for Business Name. The applicant name and signature must match or processing will be delayed.

Reimbursement checks will be made out to the person or business name written in this section; unless PSMFC is informed otherwise or reimbursement is to be paid to a specified vendor (e.g., Boatracs/AirIQ, Inc.; CLS America, Inc.; Faria Watchdog, Inc.; SkyMate, Inc.; Thrane & Thrane, Inc.), in which case the reimbursement check will be made out and paid to the specified vendor.



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Business Name

The business name may be the name of the business that operates and/or holds ownership and documentation for the vessel that reimbursement is being requested for. If reimbursement is to be paid to a business, type or print the vessel owner or operators name in the space provided for Applicant Name, and type or print the business name in the space provided for Business Name. The applicant name and signature must match or processing will be delayed.

Reimbursement checks will be made out to the business name written in this section; unless PSMFC is informed otherwise or reimbursement is to be paid to a specified vendor (e.g., Boatracs/AirIQ, Inc.; CLS America, Inc.; Faria Watchdog, Inc.; SkyMate, Inc.; Thrane & Thrane, Inc.), in which case the reimbursement check will be made out and paid to the specified vendor.

Mailing Address

For reimbursements that are to be paid to the owner and/or operator, supply the address where the reimbursement check should be mailed. For reimbursements that are to be paid to a vendor (e.g., Boatracs/AirIQ, Inc.; CLS America, Inc.; Faria Watchdog, Inc.; SkyMate, Inc.; Thrane & Thrane, Inc.), supply the applicant's address (vessel owner or operator).

Phone Number

Provide telephone number(s) where NOAA and/or PSMFC personnel will be able to contact the applicant (vessel owner or operator).

Email Address

Provide an email address if desired for the applicant (vessel owner or operator) for correspondence purposes. If the applicant (vessel owner or operator) does not use email for regular correspondence leave this blank.

VI. APPLICANT SIGNATURE

VI. APPLICANT SIGNATURE

Under penalties of perjury, I hereby declare that I, the undersigned, completed this application and the information contained herein is true, correct, and complete to the best of my knowledge. I also declare that the VMS transmitter described above has been installed on board the vessel listed above and is intended for use only on this vessel.			
Applicant First Name:		MI:	Last Name:
Business Name:			
Applicant Signature:		Date:	

Applicant Name (First, MI, Last)

The applicant is either the vessel owner or operator of the vessel that reimbursement is being requested for. If reimbursement is to be paid to a business print the vessel owner or operator name in the space provided for Applicant Name, and type or print the business name in the space provided for Business Name. The applicant name and signature must match or processing will be delayed.

The applicant name must also match the information provided in Section V. Applicant Information.



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Business Name

The business name may be the name of the business that operates and/or holds ownership and documentation for the vessel that reimbursement is being requested for. If reimbursement is to be paid to a business, type or print the vessel owner or operators name in the space provided for Applicant Name, and type or print the business name in the space provided for Business Name. The applicant name and signature must match or processing will be delayed.

The business name must also match the information provided in Section V. Applicant Information.

Applicant Signature

The applicant (vessel owner or operator) is certifying that all of the information provided is accurate upon signing the form. If a vessel is owned by a business include the signatory's name (vessel owner or operator) along with the business name in the spaces provided for Applicant Name and Business Name. The applicant name and signature must match or processing will be delayed.

Date

Provide the date the form was signed.

ADDITIONAL INFORMATION

Prior to mailing or faxing the completed *VMS Reimbursement Request Form* to the Pacific States Marine Fisheries Commission, it is advised that applicants and/or vendors review the form for accuracy to ensure timely processing of the VMS reimbursement request.

Inaccurate and incomplete request forms will delay processing of reimbursement, as any missing or inaccurate information will need to be verified with all necessary parties (e.g., vessel owner/applicant, NOAA OLE, vendors, etc.).

Mail or fax completed *VMS Reimbursement Request Forms* along with an invoice for the VMS transmitter as proof of purchase to the Pacific States Marine Fisheries Commission (mail: 205 SE Spokane Street, Suite 101 Portland, OR 97202, or fax: 503-595-3444). Also, include a copy of the vessel's Certificate of Documentation and/or Federal Fisheries Permit and/or State Registration.

For information regarding VMS reimbursement requirements, eligibility, and compliance please consult the *Summary of Information: VMS Reimbursement Program* (this document can be found at www.psmfc.org), or contact the VMS Support Center, operated by NOAA Office for Law Enforcement, at 1-888-219-9228.