

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



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.

1. VESSEL INFORMATION

| | | | |
|--|--|--|--|
| USCG DOCUMENTATION NUMBER | TOTAL HORSEPOWER | YEAR BUILT | LENGTH (FEET) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | |
|--|--|
| VESSEL NAME | Crew Size - Total number of crew, Including the Captain |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | | |
|--|--|--|
| HULL COLOR | SUPERSTRUCTURE COLOR | NAME OF COMPANY THAT BUILT THE VESSEL |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | |
|--|--|
| INTERNATIONAL RADIO CALL SIGN | HOLD or FISH BOX CAPACITY |
| <input style="width: 95%;" type="text"/> | (Pounds of Harvest) How many pounds of product can you bring to the dock when full? |
| DO YOU HAVE SAILS? <input type="checkbox"/> YES <input type="checkbox"/> NO | <input style="width: 95%;" type="text"/> |

HULL IDENTIFICATION or IMO NUMBER

HAILING PORT CITY

| | |
|--|--|
| HAILING PORT COUNTY OR PARISH | HAILING PORT STATE |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | |
|--|--|
| GROSS TONS | NET TONS |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

HULL MATERIAL

FIBERGLASS

STEEL

WOOD

CEMENT

OTHER _____

FUEL DATA

DIESEL

GASOLINE

OTHER (DESCRIBE)

FUEL CAPACITY - TOTAL GALLONS

PRODUCT STORAGE (check all that apply)

ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC.,

FREEZER

LIVE WELL

SECTION 2. INDIVIDUAL VESSEL OWNER(S) AND LESSEE INFORMATION

Copy this page as needed to provide the required information on all persons that own or lease this vessel.

| | | |
|--|--|--|
| Does your USCG Documentation or State Registration show the vessel owner as a person or persons? | YES - Use this Page for the vessel owner(s). | NO - Skip this Page go to the next page. |
|--|--|--|

- 1) Please complete section 2a of this page for the owner of the vessel as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned, please enter the information for the managing (primary) owner.
- 2) Complete the section 2b of this page for a joint owner if the vessel is jointly owned by more than one person. If the vessel is leased, complete section 2b for the person 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. Please only mark one box.
- 4) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

Section 2a - Vessel Owner as shown on the USCG Certificate of Documentation, or for Undocumented vessels, the State Registration.

If the Documentation or State Registration shows one person's name as the owner, list it here.

MAILING RECIPIENT All mail about this permit will go to the person listed in this section.

| | | | | | | |
|---|-----------------------------------|----------------------|----------------------|----------------------------|----------------------|----------------------|
| Mr/Mrs/Ms | Last Name | First Name | Middle Name | Suffix - JR,SR,etc. | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Tax ID # (SSN) | Date of Birth (MM/DD/YYYY) | Area Code | Phone Number | | | |
| <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"/> |
| Street Address (PO Box not acceptable) | 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"/> |
| <small>Check box if same as Mailing Address</small> | | | | | | |

Answer questions 1 and 2 before moving on to section 3.

| | | |
|--|--|--|
| 1. Does your USCG Documentation or State registration show more than one person as the vessel owner? | YES - Use this Page for the vessel owner(s). | NO - Do not fill out this section unless the vessel is leased. |
| 2. Is a person or persons leasing this vessel from the vessel owner? | YES - Use section 2b for the vessel lessee(s) information. | NO - It is a business, Skip section 2b and put lessee information in section 3b. |
| | NO - Skip section 2b. | |

Section 2b - Vessel Lessee OR Additional Vessel Owner as shown on the USCG Certificate of Documentation or for undocumented vessels, the State Registration.

If the USCG Documentation, State Registration or title shows more than one person as the owner, provide the second person's information here. If there are more than two persons, photocopy this blank page to provide additional information.

For LEASED Vessels: Lease Start Date: Lease End Date:

MAILING RECIPIENT All mail about this permit will go to the person listed in this section. Mail is automatically sent to the lessee per regulations.

| | | | | | | |
|---|-----------------------------------|----------------------|----------------------|----------------------------|----------------------|----------------------|
| Mr/Mrs/Ms | Last Name | First Name | Middle Name | Suffix - JR,SR,etc. | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Tax ID # (SSN) | Date of Birth (MM/DD/YYYY) | Area Code | Phone Number | | | |
| <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"/> |
| Street Address (PO Box not acceptable) | 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"/> |
| <small>Check box if same as Mailing Address</small> | | | | | | |

SECTION 3. BUSINESS VESSEL OWNER AND LESSEE INFORMATION

Copy this page as needed to provide the required information on all businesses that own or lease this vessel.

Does your USCG Documentation or State Registration show a business as the vessel owner?

YES - Use this Page for the vessel owner(s).

NO - Go back to the previous page.

Is a business leasing this vessel from the vessel owner?

YES - Use section 5b for the vessel lessee(s).

NO - There is no lease involved - skip section 5b.

- 1) Please complete section 3a if the owner is a business as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned by more than one business, please enter the information for the managing (primary) owner in section 3a.
- 2) Complete section 3b of this page if a business is a joint owner of the vessel. OR if the vessel is leased by a business, provide the information for the business 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. Please only mark one box.
- 4) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

Section 3a - Vessel Owner as shown on the USCG Certificate of Documentation, or for Undocumented vessels, the State Registration.

If the Documentation or State Registration shows one business name as the owner, list it here. If there are two business's that own the vessel, list the managing business in section 5a and the second business in section 5b.

MAILING RECIPIENT All mail about this permit will go to the business listed in section 5a.

Registered Name of Business

Tax ID # (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code Phone Number

Mailing Address

Apt/Suite #

City

State

County/Parish

Zip Code

Country

Street Address (PO Box not acceptable)

Apt/Suite #

City

State

County/Parish

Zip Code

Country

Check box if same as Mailing Address

Section 3b - Vessel Lessee or Additional Vessel Owner as shown on the USCG Certificate of Documentation or for Undocumented vessels, the State Registration.

If the Documentation, State Registration or Title shows more than one business as the owner, provide the second owner's information here. If there are more than two businesses, photocopy the blank page to provide additional information.

For LEASED Vessels:

Lease Start Date:

Lease End Date:

MAILING RECIPIENT All mail about this permit will go to the business listed in section 5b. Mail is automatically sent to the lessee as required by regulations.

Registered Name of Business

Tax ID # (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code Phone Number

Mailing Address

Apt/Suite #

City

State

County/Parish

Zip Code

Country

Street Address (PO Box not acceptable)

Apt/Suite #

City

State

County/Parish

Zip Code

Country

Check box if same as Mailing Address

SECTION 4 . OFFICER/SHAREHOLDER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL

This page must be filled out if the owner or the lessee of the vessel is a business.

Copy this page as needed to provide information on all persons that are officers/shareholders of the business shown in Section 5.

Complete this section for each officer or partner associated with the business that owns or leases the vessel. You must provide the information for all officers shown on your most recent annual report.

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

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - JR,SR,etc.

Mailing Address Apt/Suite # City State County/Parish Zip Code Country

Street Address (PO Box not acceptable) Apt/Suite # City State County/Parish Zip Code Country

Check box if same as Mailing Address

Tax ID # (SSN) Date of Birth Area Code Phone Number

Position held - check ALL that apply

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

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - JR,SR,etc.

Mailing Address Apt/Suite # City State County/Parish Zip Code Country

Street Address (PO Box not acceptable) Apt/Suite # City State County/Parish Zip Code Country

Check box if same as Mailing Address

Tax ID # (SSN) Date of Birth Area Code Phone Number

Section 5. 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:

Section 6. 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 4. 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 4.

Applicant Signature

Position in Company

Date

Print Name

Public reporting burden for this collection of information is estimated to average 30 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