

APPLICATION FOR GULF AQUACULTURE PERMIT

New Permit Application \$10,000 (10 years)

Renewal Application \$5,000 (5 years)
 (Current Permit # _____)

FOR OFFICE USE ONLY	
Date Received	
Gulf Aquaculture Permit Number	
Permit Expiration Date	
Check or Money Order Number	
Violation Date	
Violation Clear Date	
Reviewer Initials and Date	

- **Complete all Sections of this application.**
- **See instruction pages for information on how to make your application complete and help avoid unnecessary delays.**
- **Attach additional sheets as necessary.**
- **Applicants are strongly encouraged to consult with the Regional Aquaculture Coordinator prior to conducting the baseline assessment and completing the application for a Gulf Aquaculture Permit. Call (727)-XXX-XXXX to schedule a consultation.**
- **New applications should be submitted at least 180 days prior to the date the applicant desires the permit to become effective (at least 120 days for renewals).**
- **An application is not considered complete until all information necessary for review is received by NMFS.**

1. APPLICANT (PERMIT OWNER) INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

MAILING ADDRESS	Apt/Suite #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

CITY	STATE	COUNTY	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

HOME TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID
<input style="width: 95%; text-align: center;" type="text"/>	<input style="width: 95%;" type="text"/>

2. BUSINESS INFORMATION

(A) Provide business information, if applicable.

BUSINESS NAME

MAILING ADDRESS

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CITY

STATE

COUNTY

ZIP CODE

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BUSINESS TELEPHONE NUMBER

DATE WHEN FORMED (MM/DD/YYYY)

STATE WHERE FORMED

	/	/	
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(B) Provide information on the names, addresses, and titles of all officers, partners, and/or directors, if applicable.

OFFICER/PARTNER/DIRECTOR #1

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

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POSITION IN COMPANY

MAILING ADDRESS

Apt/Suite #

--	--	--

CITY

STATE

COUNTY

ZIP CODE

--	--	--	--

HOME TELEPHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

--	--	--

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID

/	/	
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OFFICER/PARTNER/DIRECTOR #2

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

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POSITION IN COMPANY

MAILING ADDRESS

Apt/Suite #

--	--	--

CITY

STATE

COUNTY

ZIP CODE

--	--	--	--

HOME TELEPHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID

for a Gulf Aquaculture permit in the past:

Yes

No

N/A

If Yes, provide name and business affiliation of person(s) who have applied for a permit in the past as well as the date the application was submitted to NMFS.

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

BUSINESS NAME

DATE APPLICATION SUBMITTED (MM/DD/YYYY)

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

BUSINESS NAME

DATE APPLICATION SUBMITTED (MM/DD/YYYY)

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

BUSINESS NAME

DATE APPLICATION SUBMITTED (MM/DD/YYYY)

(D) Provide information for all shareholders who own or control **at least 10%** of the outstanding stock and the percentage of outstanding stock currently owned or controlled by each such shareholder.

Name (First, Last, Middle)

Street Address

City, State, Zip

Percentage of Stock

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

- 7) _____
- 8) _____
- 9) _____
- 10) _____

(E) Does the applicant or corporation, or any shareholder, director, partner, or officer own an interest, either directly or beneficially, in any other Gulf Offshore Aquaculture venture?

Yes No N/A

If Yes, provide the following information for each person(s).

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEDERAL AQUACULTURE PERMIT NUMBER	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEDERAL AQUACULTURE PERMIT NUMBER	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEDERAL AQUACULTURE PERMIT NUMBER	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

(F) Has the applicant or any shareholder, director, partner, or officer listed in **part D** above ever been arrested, indicted, convicted of, or adjudicated to be responsible for any violation of marine resources or environmental protection law, whether state or federal?

Yes No

If Yes, provide the information for each person(s).

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF VIOLATION (MM/DD/YYYY)

TYPE OF VIOLATION

/ /

LAST NAME

FIRST NAME

MIDDLE NAME

Suffix (Sr., II, etc.)

DATE OF VIOLATION (MM/DD/YYYY)

TYPE OF VIOLATION

/ /

Provide latitude and longitude coordinates for the proposed aquaculture site. Latitude and Longitude must be reported as Degree Minutes to the third decimal place.

North Point Lat/Long

South Point Lat/Long

West Point Lat/Long

East Point Lat/Long

NOTE: No aquaculture facility may be sited in federal waters of the Gulf within a marine protected area, marine reserve, Habitat Area of Particular Concern, Special Management Zone, permitted artificial reef area or coral reef area as specified in 50 CFR 622. No offshore aquaculture facility may be sited within 1.6 nautical miles of another offshore aquaculture facility. The permitted site must be at least twice as large as the combined area encompassed by the allowable aquaculture systems (e.g., cages and net pens).

A NOAA chart or USGS Topographic map of the site to scale must be attached which indicates: 1) proposed boundary for facility; 2) depth contours; and 3) location of Federal projects, navigational channels, or other structures (e.g., gas/oil platforms) within 1 nautical mile of proposed site. Additional information may be requested by NMFS.

4. LIST OF SPECIES TO BE CULTURED

Provide the following information for each species to be cultured. Do not abbreviate genus or species name.

Genus and Species	Common Name	Start up Production Level (Pounds)	Annual Maximum Total for Harvest (Pounds)
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

5. HATCHERY LOCATION

Provide information for each hatchery which will be providing juvenile organisms for grow-out at the proposed facilities. Provide a copy of all relevant, valid state or Federal aquaculture permits issued to each hatchery. For hatcheries located offshore, provide GPS coordinates (latitude and longitude). **A permittee may only obtain juvenile organisms for grow-out at an aquaculture facility from a hatchery located in the U.S.**

HATCHERY #1

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CITY	STATE	COUNTY	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CONTACT PERSON AND TITLE	TELEPHONE NUMBER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

ALTERNATE CONTACT PERSON AND TITLE	ALTERNATE TELEPHONE NUMBER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

HATCHERY #2

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CITY	STATE	COUNTY	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CONTACT PERSON AND TITLE	TELEPHONE NUMBER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

ALTERNATE CONTACT PERSON AND TITLE	ALTERNATE TELEPHONE NUMBER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

HATCHERY #3

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CITY	STATE	COUNTY	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CONTACT PERSON AND TITLE

TELEPHONE NUMBER

ALTERNATE CONTACT PERSON AND TITLE

ALTERNATE TELEPHONE NUMBER

6. DESCRIPTION OF AQUACULTURE SYSTEMS

Provide a description of the aquaculture system(s) to be used, including: 1) number, size, dimensions, position relative to sea surface, and manufacturer information of the aquaculture system(s) and mooring system(s); 2) schematic or photographic renderings of generalized layout of aquaculture system(s) and mooring system(s) indicating depths from structure(s) to sea floor, from a top and cross-sectional view; and 3) documentation of the aquaculture system's ability to withstand physical stresses associated with major storm events (e.g., hurricanes, storm surge). Provide a copy of any available engineering analysis. Additional information may be requested by NMFS. **It is recommended that all plans and drawings submitted with the application be certified by a professional engineer.**

7. DESCRIPTION OF EQUIPMENT AND METHODS

Provide a description of the equipment and methods to be used for feeding, transporting, maintaining, and removing cultured species from aquaculture systems, including: 1) number, size, dimensions, and manufacturer information; 2) type of powered equipment to be used on site (except vessels/aircraft listed in #8 of this application) and frequency and duration of use (e.g., daily, weekly, monthly); 3) frequency and duration of vessel/aircraft traffic; 4) feed schedule and feed techniques; 5) predator control methods; 6) net cleaning and maintenance (methods, frequency); 7) antibiotic usage; 8) number, type, wattage, and location of lights at proposed site (except those used for navigation or marking); and 9) off-site facilities or holdings to be used for feed transport, processing, etc. Additional information may be requested by NMFS.

8. VESSEL AND AIRCRAFT DOCUMENTATION

Provide all information for each vessel used for transport, harvest, transfer, or sale of cultured species at the approved site. Attach a copy of the valid, unexpired U.S. Coast Guard Certificate of documentation (or valid state registration if not documented) for each vessel listed. Also provide documentation or identification numbers for any aircraft or vehicles involved.

VESSEL #1

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED) VESSEL NAME LENGTH TOTAL HORSEPOWER

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HOMEPORT CITY AND STATE PORT OF LANDING CITY AND STATE HOLD CAP. (TONS) LIVE WELL CAPACITY (GAL)

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VESSEL #1 OWNER INFORMATION

CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)

HOME or BUSINESS TELEPHONE NUMBER

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MAILING ADDRESS

CITY

STATE

ZIP CODE

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SOCIAL SEC. or PERMANENT RESIDENT ALIEN ID

DATE OF BIRTH (MM/DD/YYYY)

FEDERAL ID # (FEIN) if a BUSINESS

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VESSEL #2

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED) VESSEL NAME LENGTH TOTAL HORSEPOWER

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HOMEPORT CITY AND STATE PORT OF LANDING CITY AND STATE HOLD CAP. (TONS) LIVE WELL CAPACITY (GAL)

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VESSEL #2 OWNER INFORMATION

CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)

HOME or BUSINESS TELEPHONE NUMBER

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MAILING ADDRESS

CITY

STATE

ZIP CODE

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SOCIAL SEC. or PERMANENT RESIDENT ALIEN ID

DATE OF BIRTH (MM/DD/YYYY)

FEDERAL ID # (FEIN) if a BUSINESS

9. CERTIFICATION OF REMOVAL

I _____ certify that I will remove all components of the aquaculture facility, including cultured organisms remaining in allowable aquaculture systems from the Gulf EEZ if it is discovered that the organisms are genetically modified or transgenic, that a World Organization of Animal Health (OIE)-reportable pathogen or pathogen identified as reportable pathogens in the National Aquatic Animal Health Plan as implemented by the USDA and U.S. Departments of Commerce and Interior is found at the facility, or there are any other violations of the permit conditions or regulations which causes NMFS to order such removal.

10. ADDITIONAL INFORMATION

1. The following information **must** be submitted with the application:
 - a) Copy of a baseline assessment of the proposed site. Applicants are required to follow NMFS guidance on the baseline assessment, which can be found at: (website TBD).
 - b) Copy of an emergency disaster plan, developed for and to be used by the aquaculture facility, that includes, but is not limited to, procedures for preparing or if necessary removing allowable aquaculture systems, aquaculture equipment, and cultured organisms in the event of disaster (e.g., hurricane, tsunami, harmful algal bloom, chemical or oil spill, etc.).
 - c) Documentation certifying the applicant has posted an assurance bond sufficient to cover the costs of removal of all components of the aquaculture facility, including cultured organisms remaining in allowable aquaculture systems, from federal waters of the Gulf. If an applicant provides certification that a bond has already been posted as a requirement of the ACOE or other authority and that the bond is sufficient to cover the costs of removal of all components of the aquaculture facility, including cultured organisms as required by NMFS, a separate bond may not be necessary. Costs associated with removal of oil and gas platforms are not covered under the assurance bond requirement. Applicants are required to follow NMFS guidance on the assurance bond, which can be found at: (website TBD).
 - d) Copy of a contractual arrangement with an identified aquatic animal health expert to provide services to the aquaculture facility. An aquatic animal health expert is defined as a licensed doctor of veterinary medicine or a person who is certified by the American Fisheries Society, Fish Health Section, as a "Fish Pathologist" or "Fish Health Inspector". A copy of the expert's license or certification must also be provided.
2. Once a permit has been issued, an Annual Report (website TBD) along with payment of \$1,000.00 must be received by NMFS by January 31 of each year for permits to remain active.
3. Prior to issuance of a Gulf Aquaculture permit, the applicant must provide a copy of currently valid Federal permits (e.g., Army Corps of Engineers Section 10 permit, and Environmental Protection Agency (EPA) National Pollutant Discharge Elimination System permit, etc.) applicable to the proposed aquaculture site, facilities, or operations.
4. Once a Gulf Aquaculture permit is issued, the permittee must provide NMFS with valid copies of all state and Federal permits required for conducting offshore aquaculture and any changes to those permits.

5. The permittee must provide NMFS copies of valid state and Federal aquaculture permits for each hatchery from which fingerlings or other juvenile organisms are obtained and report any changes applicable to those permits.
6. The Gulf Aquaculture permit must be prominently displayed and available at the aquaculture facility. The permit number should also be included on the buoys or other floating devices used to mark the restricted access zone of the operation. In addition, the aquaculture facility's permit (if the fish have not yet been purchased by a dealer), must accompany each vehicle that is used to receive fish harvested from an aquaculture facility in federal waters of the Gulf. A vehicle operator must present the permit or a copy for inspection upon the request of an authorized officer.
7. An aquaculture facility owner who has been issued a permit must notify the Regional Aquaculture Coordinator within 30 days after any change in the application information specified in 50 CFR 622.101(d)(11). The permit is void if any change in the information is not reported within 30 days.
8. The permittee must conduct sampling and monitoring procedures as specified in the permit. These procedures will be in addition to, and not duplicative of, sampling and monitoring requirements specified in permittees' Environmental Protection Agency (EPA) National Pollutant Discharge Elimination System (NPDES) permit and may include procedures similar to that outlined in the baseline assessment guidance.
9. The permittee must conduct inspections of permitted aquaculture systems for entanglements and interactions with marine mammals, protected species, and migratory birds. The frequency of these inspections will be specified in the conditions of the permit issued for each operation.
10. The permittee must conduct feed monitoring and management practices in compliance with EPA regulations at 40 CFR 451.21.
11. The permittee must comply with all applicable monitoring and reporting requirements specified in the valid EPA NPDES permit and U.S. Army Corps of Engineers Section 10 permit for each particular operation.
12. The permittee must comply with the existing regulations of the Food and Drug Administration (FDA), EPA, U.S. Department of Agriculture (USDA) as they pertain to the use of drugs, biologics, and pesticides.
13. The permittee must maintain and make available monitoring reports required by applicable state and federal agencies for the most recent three years.
14. The permittee must maintain a minimum of one properly functioning electronic locating device (e.g., GPS device, pinger with radio signal) on each aquaculture system, i.e., net pen or cage.
15. Provide NMFS or authorized officers access to operations in order to conduct on-site inspections to monitor compliance with the conditions and requirements specified in the permit and/or applicable aquaculture regulations.
16. The permittee must comply with all other operational, monitoring, recordkeeping, and reporting requirements as outlined in subpart F of 50 CFR part 622. Forms and associated guidance for these requirements can be found at: (website TBD).
17. A Gulf Aquaculture permit may be revoked, suspended, or modified, and such permit applications may be denied, in accordance with the procedures governing enforcement-related permit sanctions and denials found at subpart D of 15 CFR part 904.

11. SIGNATURE

I hereby declare under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

APPLICANT SIGNATURE

DATE SIGNED (MM/DD/YYYY)

PRINTED NAME

POSITION IN COMPANY

Public reporting burden for this collection of information is estimated to average 3 hours 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 other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER26, 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 NMFS 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.

Instructions for the Federal Permit Application to Conduct Offshore Aquaculture in the Gulf of Mexico

General Instructions:

Applicants with specific questions may contact the Regional Aquaculture Coordinator at (727) XXX-XXXX between 8:00 a.m. and 4:30 p.m. ET, Monday through Friday, or email XXXXXXXX@noaa.gov.

1. Complete all sections of this application form. Applications should be typed. Incomplete or illegible applications will be returned.
2. The application fee for a **new permit** is **\$10,000** and is **non-refundable** (\$5,000 non-refundable fee for permit renewal). A check or money order payable to the **U.S. TREASURY** must accompany each application.
3. Mail the completed application, payment, and all required supporting documentation to: **NMFS (F/SER), Attn: Regional Aquaculture Coordinator, 263 13th Avenue South, St. Petersburg, FL 33701.**

APPLICATION SECTION 1 Eligibility for a Gulf Aquaculture permit is limited to U.S. citizens as defined in the Immigration and Nationality Act of 1952, as amended, and permanent resident aliens lawfully accorded the privilege of residing permanently in the U.S. in accordance with U.S. immigration laws.

APPLICATION SECTION 2 Include a copy of the Articles of Incorporation or Certificate of Limited Partnership or documentation of the formation of a General Partnership, if applicable.

APPLICATION SECTION 3 See 50 CFR 622.103(a) for information on facility siting requirements and conditions.

APPLICATION SECTION 4 Only those species that are native to the Gulf of Mexico, are not transgenic, and have not been genetically modified may be cultured in an aquaculture facility in federal waters of the Gulf. A list of species that can be cultured under a Gulf Aquaculture Permit can be found at 50 CFR 622.105(b).

APPLICATION SECTION 5 Include a copy of all relevant, valid state or Federal aquaculture permits issued to each hatchery.

APPLICATION SECTION 6 Submit documentation (e.g., engineering analyses, computer and physical oceanographic model results) sufficient to evaluate the ability of the allowable aquaculture system(s) (including moorings) to withstand physical stresses associated with major storm events, e.g. hurricanes, storm surge.

APPLICATION SECTION 7 All feed monitoring and management practices must be conducted in compliance with EPA regulations at 40 CFR 451.21. Use of drugs, pesticides, and biologics must comply with all applicable FDA, EPA, and USDA regulations (e.g., Food, Drug and Cosmetic Act, 21 U.S.C. 321; Clean Water Act, 40 CFR 122; 9 CFR 101-124; 21 CFR 500-599; and 40 CFR 150-189).

APPLICATION SECTION 8 Provide a copy of the valid U.S. Coast Guard certificate of documentation or, if not documented, a copy of the valid state registration certificate for each vessel as well as documentation or identification numbers for any aircraft used for transport, harvest, transfer, or sale of cultured species at the approved site.

APPLICATION SECTION 9 Provide additional information as outlined. Permittee must abide by conditions as specified in 50 CFR XXXXX.

APPLICATION SECTION 10 Applicant must sign and date this section for the application to be considered complete.