

## ANNUAL REPORT FOR GULF AQUACULTURE PERMIT HOLDERS

This report must be received by NMFS on or before January 31, 201X. A check for \$1,000 made out to *U.S. Treasury* must be included with this report.

For questions, contact the Regional Aquaculture Coordinator at (727) XXX-XXXX, or email [XXXXXXXXXX@noaa.gov](mailto:XXXXXXXXXX@noaa.gov).

| FOR OFFICE USE ONLY            |  |
|--------------------------------|--|
| Date Received                  |  |
| Gulf Aquaculture Permit Number |  |
| Reviewer Initials and Date     |  |

### Part 1 – Permit Holder Information

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

|                      |                      |
|----------------------|----------------------|
| MAILING ADDRESS      | Apt/Suite #          |
| <input type="text"/> | <input type="text"/> |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| CITY                 | STATE                | COUNTY               | ZIP CODE             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                      |                                |
|-----------------------|----------------------|--------------------------------|
| HOME TELEPHONE NUMBER | CELL PHONE NUMBER    | GULF AQUACULTURE PERMIT NUMBER |
| <input type="text"/>  | <input type="text"/> | <input type="text"/>           |

|                      |                       |
|----------------------|-----------------------|
| BUSINESS NAME        | BUSINESS PHONE NUMBER |
| <input type="text"/> | <input type="text"/>  |

### Part 2 – Event Information

Did a major escapement event<sup>1</sup> (as defined in 50 CFR 622.102(a)(1)(i)(B)) occur at this facility from January 1-December 31, 201X?

No       Yes    If yes, provide date(s) when reported: \_\_\_\_\_

<sup>1</sup> A major escapement is defined as Major escapement is defined as the escape of 10 percent of the cultured organisms from a single allowable aquaculture system (e.g., one cage or one net pen) within a 24 hour period or the cumulative escape within a 24 hour period from all allowable aquaculture systems (e.g., all cages or net pens) at an aquaculture facility representing 5 percent or more of the total cultured organisms or the cumulative escape of 10 percent or more of the cultured organisms from all allowable aquaculture systems at an aquaculture facility in any 30-day consecutive period.

Did an entanglement or interaction involving marine mammals, endangered species, or migratory birds (as defined in 50 CFR 622.102(a)(1)(i)(G) occur at this facility from January 1-December 31, 201X?

No       Yes    If yes, provide date(s) when reported: \_\_\_\_\_

Did a reportable pathogen episode<sup>2</sup> (as defined in 50 CFR 622.102(a)(1)(i)(C)) occur at this facility from January 1-December 31, 201X?

No       Yes    If yes, provide date(s) when reported: \_\_\_\_\_

**Part 3 – 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).

PERMIT OWNER SIGNATURE

\_\_\_\_\_

DATE SIGNED (MM/DD/YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRINTED NAME

\_\_\_\_\_

POSITION IN COMPANY (if applicable)

\_\_\_\_\_

**Mail the completed form to:  
NMFS (F/SER), Attn: Regional Aquaculture Coordinator, 263 13<sup>th</sup> Avenue South,  
St. Petersburg, FL 33701.**

Public reporting burden for this collection of information is estimated to average 10 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 other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER26, 263 13<sup>th</sup> 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.

<sup>2</sup> World Organization of Animal Health (OIE) reportable pathogen episodes or additional pathogens that are identified as reportable pathogens in the National Aquatic Animal Health Plan as implemented by the USDA, or U.S. Departments of Commerce or Interior.