

REQUEST TO HARVEST BROODSTOCK

This form must be received by NMFS at least 30 days prior to the desired harvest date.

For questions, contact the Regional Aquaculture Coordinator at (727) XXX-XXXX or email XXXXXXXX@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 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	GULF AQUACULTURE PERMIT NUMBER	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
BUSINESS NAME		BUSINESS PHONE NUMBER	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

Part 2 – Broodstock Information

(A) List the genus and species, as well as the number and approximate size range (total length, fork length) and whole weight of each species to be harvested.

	Genus and Species	Quantity (#)	Total Length (in)	Fork Length (in)	Whole Weight (lbs)
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

(B) List the intended date(s) and location(s) of harvest for each species. Report latitude and longitude as Degree Minutes to the third decimal place.

Genus and Species	Date(s) of Harvest (MM/DD/YYYY)	Latitude	Longitude
1.			
2.			
3.			
4.			
5.			

(C) Provide the address for each hatchery and/or latitude and longitude coordinates in Degree Minutes to the third decimal place (if located offshore) for each location where broodstock will be delivered.

HATCHERY #1

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)

CITY, STATE, ZIP	COUNTY	PHONE NUMBER

BROODSTOCK SPECIES AND NUMBER TO BE RECEIVED BY HATCHERY

HATCHERY #2

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)

CITY, STATE, ZIP	COUNTY	PHONE NUMBER

BROODSTOCK SPECIES AND NUMBER TO BE RECEIVED BY HATCHERY

HATCHERY #3

HATCHERY NAME	MAILING ADDRESS (OR GPS COORDINATES IF LOCATED OFFSHORE)

CITY, STATE, ZIP

COUNTY

PHONE NUMBER

BROODSTOCK SPECIES AND NUMBER TO BE RECEIVED BY HATCHERY

Part 3 – Description of Gears and Methods

Describe the gears and methods to be used for harvest of each species. Allowable methods or gears used for broodstock capture include those identified for each respective fishery in 50 CFR 600.725, except red drum, which may be harvested only with handline or rod and reel.

Part 4 – Vessel Documentation

Provide all information for each vessel used to capture, hold and transport broodstock. Attach a copy of the valid, unexpired USCG Certificate of documentation (or state registration if not documented) for each vessel listed.

VESSEL #1

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED)	VESSEL NAME	LENGTH	TOT.HORSEPOWER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOMEPORT CITY AND STATE	PORT OF LANDING CITY AND STATE	HOLD CAP. (TONS)	LIVE WELL CAPACITY (g)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VESSEL #1 OWNER INFORMATION CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)	HOME or BUSINESS TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID #	DATE OF BIRTH (MM/DD/YYYY)	FEDERAL ID # (FEIN) if a BUSINESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

VESSEL #2

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED)	VESSEL NAME	LENGTH	TOT.HORSEPOWER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOMEPORT CITY AND STATE	PORT OF LANDING CITY AND STATE	HOLD CAP. (TONS)	LIVE WELL CAPACITY (g)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VESSEL #2 OWNER INFORMATION CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)	HOME or BUSINESS TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID #	DATE OF BIRTH (MM/DD/YYYY)	FEDERAL ID # (FEIN) if a BUSINESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part 5 – Additional Information

1. Complete all sections of this form. Attach additional sheets as necessary. Information should be typed. Incomplete or illegible forms will be returned.
2. NMFS may deny or modify a request for broodstock collection if allowable methods or gears are not proposed for use, the number of fish harvested for broodstock is more than necessary for purposes of spawning and rearing activities, or other grounds inconsistent with the Fishery Management Plan for Regulating Offshore Marine Aquaculture in the Gulf of Mexico objectives or other federal laws. If a broodstock collection request is denied or modified, NMFS shall provide the determination and the basis for it, in writing to the permittee.
3. If a broodstock collection request is approved, the permittee must submit a report including the number and species of broodstock harvested, their size (length and weight), and the geographic location where the broodstock were captured. **The report must be received by NMFS no later than 15 days after the date of harvest** (for report form see website to be determined)
4. All proposed harvest of broodstock from state waters must also comply with all state laws applicable to the harvest of such species.

Part 6 – 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 and all requiring supporting documentation to:
NMFS (F/SER), Attn: Regional Aquaculture Coordinator, 263 13th Avenue South,
St. Petersburg, FL 33701.**

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 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.