

NOTIFICATION OF ENTANGLEMENT OR INTERACTION WITH MARINE MAMMALS, ENDANGERED SPECIES, OR MARINE MIGRATORY BIRDS

**All events must be reported to NMFS within 24
hours of discovery by calling (XXX) XXX-
XXXX.**

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

Part 1 – Contact Person 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"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part 2 – Event Information

DATE OF EVENT (MM/DD/YYYY)	TIME OF EVENT
<input type="text" value=" / /"/>	<input type="text" value=" : AM / PM"/>

Provide the GPS coordinates for the location where the event occurred. Report coordinates as Degree Minutes to the third decimal place.

LATITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)	LONGITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)
<input type="text"/>	<input type="text"/>

Was this an entanglement or interaction event?

Entanglement Interaction Both

List the species entangled or involved in interactions and number of individuals affected.

Genus and Species	Number of Individuals
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____

Describe the number and nature of mortalities and/or acute injuries observed.

Provide information on the cause(s) of the entanglement and/or interaction.

Provide information on the action(s) being taken to prevent future entanglements or interactions.

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)

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.