OMB Control No. 0648-XXXX

Expiration Date:

**NOTIFICATION TO TRANSPORT CULTURED JUVENILES TO OFFSHORE SYSTEMS**

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

**You must notify NMFS at least 72 hours prior to transporting cultured juveniles to offshore systems. Please call (XXX) XXX-XXXX**

**This form is not required if the hatchery is sited the same location as the offshore aquaculture facility.**

 **Part 1 – Permit Holder Information**

LAST NAME FIRST NAME MIDDLE NAME Suffix (Sr., II, etc.)

MAILING ADDRESS Apt/Suite #

CITY STATE COUNTY ZIP CODE

WORK TELEPHONE NUMBER CELL PHONE NUMBER GULF AQUACULTURE PERMIT NUMBER

 **Part 2 – Species and Transfer Information**

DATE OF TRANSFER (MM/DD/YYYY) TIME OF TRANSFER

 : AM / PM

 / /

HATCHERY NAME MAILING ADDRESS OR GPS COORDINATES

Provide the GPS coordinates for the destination location. Report coordinates as Degree Minutes to the third decimal place.

LATITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE) LONGITUDE (DEGREE MINUTES TO THIRD DECIMAL PLACE)

 Genus and Species Average Total Length (inches) Number of Fish

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Prior to stocking fish in an allowable aquaculture system at an aquaculture facility in federal waters of the Gulf, the permittee must provide NMFS with a copy of a health certificate signed by an aquatic animal health expert (as defined in 50 CFR 622.106(a)(5)), certifying that such fish were inspected and determined to be free of reportable pathogens as specified by the World Organization of Animal Health or National Aquatic Animal Health Plan.**

 **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 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 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.