

NOTIFICATION TO TRANSPORT CULTURED JUVENILES TO OFFSHORE SYSTEMS

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.

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"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	GULF AQUACULTURE PERMIT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part 2 – Species and Transfer Information

DATE OF TRANSFER (MM/DD/YYYY)	TIME OF TRANSFER
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> AM / PM
HATCHERY NAME	MAILING ADDRESS OR GPS COORDINATES
<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>

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.