OMB Control No. 0648-XXXX

Expiration Date:

**HARVEST AND LANDING NOTIFICATION**

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

**NMFS must be notified at least**

**72 hours prior to the desired date of harvest and landing by calling (XXX) XXX-XXXX.**

**Part 1 – Permit Holder Information**

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

MAILING ADDRESS Apt/Suite #

CITY STATE COUNTY ZIP CODE

HOME TELEPHONE NUMBER CELL PHONE NUMBER GULF AQUACULTURE PERMIT NUMBER

BUSINESS NAME BUSINESS PHONE NUMBER

 **Part 2 – Harvest Information**

VESSEL USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED) VESSEL NAME

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

 / /

 : AM / PM

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

 Genus and Species Estimated Whole Weight (lbs)

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

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

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

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

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

 **Part 3 – Landing Information**

All fish cultured in federally permitted offshore aquaculture facilities must first be landed in a U.S. port. **Species cultured at an aquaculture facility can only be landed ashore between 6 a.m. and 6 p.m., local time.** The person landing the cultured fish must also validate the dealer transaction report when it is submitted.

PORT LOCATION (CITY, STATE) DATE OF LANDING (MM/DD/YYYY) TIME OF LANDING

 / /

 : AM / PM

SPECIES BEING LANDED AND ESTIMATED NUMBER OR WHOLE WEIGHT (LBS) FOR EACH SPECIES

**DEALER** NAME (FIRST, LAST, MIDDLE) DEALER PERMIT NUMBER

DEALER MAILING ADDRESS CITY, STATE, ZIP

 **Part 4 – 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.