

Please fax this completed form to:  
NOAA Fisheries Service  
Office For Law Enforcement  
VMS Fax number: **907-586-7703**



**NOAA**  
**Fisheries Service**



# VMS Fax

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**Note: Please register your VMS unit  
with an approved service provider prior to using this fax.**

Date: \_\_\_\_\_

Vessel Name: \_\_\_\_\_

U.S. Coast Guard DOC#: \_\_\_\_\_

Federal Fisheries Permit #: \_\_\_\_\_

or

Federal Crab Vessel permit #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

VMS Transmitter Name and ID or serial #: \_\_\_\_\_

### ***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 12 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 any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

### ***ADDITIONAL INFORMATION***

Before completing this form please note the following: 1) NMFS cannot conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is mandatory and is required to manage the VMS data collection program for groundfish under 50 CFR part 679 and CR crab fisheries under 50 CFR part 680, and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801 et seq.) and 16 U.S.C. 1862(j) ; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Responses to this information request are not confidential.