

OMB #
Expires

FOR OFFICE USE ONLY

FORM UNIQUE IDENTIFIER:

LOCATION DESCRIPTOR: [High Seas, EEZ, etc.]

PACIFIC TRANSSHIPMENT DECLARATION FORM

LOCATION OF TRANSSHIPMENT: _____
(If at port, enter the PORT NAME; if at sea, give latitude and longitude of position in decimal form, to 0.1 degrees)

DATE(S) OF TRANSSHIPMENT: _____
(MM/DD/YYYY) – (MM/DD/YYYY)

Section 1: OFFLOADING VESSEL	Section 2: RECEIVING VESSEL	Section 3: OBSERVER (for transshipments at sea only)
<p>VESSEL NAME:</p> <p>OFFICIAL NUMBER:</p> <p>NAME OF VESSEL OPERATOR:</p>	<p>VESSEL NAME:</p> <p>OFFICIAL NUMBER:</p> <p>NAME OF VESSEL OPERATOR:</p> <p>QUANTITY OF FISH PRODUCT ALREADY ON BOARD THE RECEIVING VESSEL PRIOR TO THIS TRANSSHIPMENT, BROKEN DOWN BY AREA OF CAPTURE:</p> <p>Amount: _____ Unit of Measurement: _____ RFMO Area: _____</p> <p>Amount: _____ Unit of Measurement: _____ RFMO Area: _____</p> <p>Amount: _____ Unit of Measurement: _____ RFMO Area: _____</p>	<p>The information in this box is provided to verify the presence of the named observer and does not represent the observer's concurrence with the information provided on this form. The observer may choose not to sign this form. __</p> <p>OBSERVER NAME:</p> <p>_____ SIGNATURE (IF ON BOARD):</p> <p>DATE (MM/DD/YYYY):</p> <p><input type="checkbox"/> WCPFC Authorized <input type="checkbox"/> IATTC Authorized</p>

Section 4: CODES
WEIGHT: WW: whole weight, **GG:** gilled & gutted, **GX:** gutted, headed & tailed, **HG:** headed & gutted, **GT:** gilled, gutted & tailed, **GO:** gutted only, not gilled, **FL:** filleted, **LO:** loins
GEAR: PS: Purse seines, **DL:** Drifting longlines, **PL:** Poles and lines, **HOVL:** Hand operated vertical lines (non-squid), **DN:** Driftnets, **TL:** Trolling lines, **HP:** Harpoons, **MVL:** Mechanized vertical lines (non-squid), **OT:** Other type(s) of gear

Section 4: SPECIES	FR – FRESH FZ - FROZEN DR - DRIED	FORM OF PRODUCT (insert weight codes as shown above)	QUANTITY TRANSSHIPPED		FISHING GEAR USED TO TAKE THE FISH (insert gear code as shown above)	GEOGRAPHIC LOCATION OF FISH CATCHES		
			NUMBER OF FISH (if longline-caught)	ESTIMATED WEIGHT AND UNIT OF MEASUREMENT		I - Inside WCPFC Area O - Outside WCPFC Area, (if O, specify if in the IATTC Area)	Circle One: EEZ (Country of Capture) or HS (High Seas)	If you indicate EEZ, write in the country of capture
Bigeye tuna							EEZ or HS	
Yellowfin tuna							EEZ or HS	
Albacore							EEZ or HS	
Skipjack tuna							EEZ or HS	
Swordfish							EEZ or HS	
Blue marlin							EEZ or HS	
Striped marlin							EEZ or HS	
Sailfish							EEZ or HS	
Spearfish							EEZ or HS	
Sharks							EEZ or HS	

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Complete information on both front and back of the form.

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			NUMBER OF FISH (if longline-caught)	ESTIMATED WEIGHT AND UNIT OF MEASUREMENT		I - Inside WCPFC Area O - Outside WCPFC Area (if O, specify if in the IATTC Area)	Circle One: EEZ (Country of Capture) or HS (High Seas)	If you indicate EEZ, write in the country of capture
Pacific bluefin tuna							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	

Section 5: U.S. VESSELS WITH RECEIVING VESSEL PERMITS TRANSSHIPPING LONGLINE-CAUGHT FISH	Section 6: U.S. SPTT-LICENSED PURSE SEINE VESSEL INFORMATION
BROKER OR SHIPPING AGENT AND CONTACT INFORMATION:	TRIP NO.:
PORT OF LANDING:	TRIP START DATE:
	DESTINATION OF FISH:
	TO BE PROCESSED AT:

Section 7: FOR TRANSSHIPMENTS IN THE IATTC CONVENTION AREA		
DEPARTURE DATE (MM/DD/YYYY/HOUR):	LOCATION OF DEPARTURE (PORT NAME):	TRANSSHIPMENT START DATE (MM/DD/YYYY/HOUR):
RETURN DATE (MM/DD/YYYY/HOUR):	LOCATION OF RETURN (PORT NAME):	TRANSSHIPMENT END DATE (MM/DD/YYYY/HOUR):
AGENT'S NAME:	FLAG AND RADIO CALL SIGN OF OFFLOADING VESSEL:	FLAG AND RADIO CALL SIGN OF RECEIVING VESSEL:

I certify that the above information is complete and accurate to the best of my knowledge.

OWNER or OPERATOR NAME:

Indicate if owner or operator of: Offloading vessel Receiving vessel

SIGNATURE: _____ DATE: _____

Complete information on both front and back of form.