

**U.S. DEPARTMENT OF COMMERCE**

**National Oceanic and Atmospheric Administration**

**national marine fisheries service**

Pacific Islands Regional Office - SFD Permits

1845 Wasp Blvd., Bldg 176

Honolulu, Hawaii 96818

(808) 725-5000 **∙** Fax: (808) 725-5215

 OMB Control No: 0648-0490

 Expires: 12/31/2014

**PACIFIC ISLANDS FEDERAL FISHERIES PERMIT APPLICATION**

**PERMIT TYPE** (Submit a separate application for each permit)

1. **PELAGIC**: **\_\_\_** **Hawaii Longline Limited Entry Permit** – Renewal or Transfer (**$37.00** Non-refundable

 Application Processing Fee for Hawaii longline permit only.Make checks or money orders payable to:

**Department of Commerce, NOAA**)

  For **Hawaii Closed Area Exemption**  (contact Pacific Islands Region for form)

\_\_\_ **Western Pacific General Longline Permit**  (Guam, Northern Mariana Islands, PRIA) (No Fee)

 \_\_\_ **Western Pacific Receiving Vessel Permit** (all areas) (No Fee)

\_\_\_ **Pacific Remote Island Areas Troll & Handline** (No Fee)

 *LOBSTER and DEEPWATER SHRIMP (Use the Western Pacific Crustacean Permit application form, OMB Control No. 0648-0586)*

 2. **BOTTOMFISH:** \_\_\_ **Guam (large vessel)** \_\_\_ **Pacific Remote Island Areas** (No Fee)

 *(CNMI: Use the Northern Mariana Islands Bottomfish Permit application form, OMB Control No. 0648-0584)*

 3. **PRECIOUS CORAL:** \_\_\_ (No Fee) **Permit Area (see instructions)**:

Please Print Legibly. All Fields Required. Note required documents in instructions on side two.

**VESSEL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **VESSEL OFFICIAL NO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VESSEL OWNER(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RADIO CALL SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First, Middle, & Last Name or Business Name

**PERMIT HOLDER(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First, Middle, & Last Name or Business Name **Taxpayer ID Number** (SSN or EIN)

**DATE OF BIRTH** (Individual) **OR INCORPORATION** (Business) **OF PERMIT HOLDER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUSINESS CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First, Middle, & Last Name, if not same as permit holder Corporate officer, business owner, partner

**BUSINESS MAILING ADDRESS:**­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/PO Box City State ZIP Code

**BUSINESS PHONE**  (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under penalty of perjury, I hereby declare that I, the undersigned, is authorized to complete and certify this application on behalf of the applicant and the information contained herein is true, correct, and complete to the best of my knowledge.

**APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name and **Signature** of Permit Holder, Corporate Officer, Partner, or Designated Agent

**APPLICANT TITLE:** \_\_\_ Permit holder; \_\_\_ Corporate member or officer, or partner; \_\_\_ Designated agent; or \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Check only one)

***For Hawaii Longline Permit Transfer: to be completed and signed by originating permit holder (transferor).*** Under penalty of perjury, I hereby declare that I, the undersigned, is authorized to complete and certify this application on behalf of the current permit holder and the information contained herein is true, correct, and complete to the best of my knowledge.

**PERMIT TRANSFEROR:** ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name & Signature of Permit Holder Transferring Permit

 **Permit Number to be Transferred:**

**Privacy Act Statement:** Federal Regulations (at 50 CFR Part 665) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. The primary purpose for requesting the Taxpayer Identification Number (SSN or EIN) is for the collection and reporting on any delinquent amounts arising of such person’s relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for Hawaii longline limited access permit renewal/transfer, WP general longline permits and receiving vessel permits; 30 minutes for Guam bottomfish large vessel permits; 30 minutes for precious coral permits (established, conditional, refugia, exploratory areas), Pacific remote island areas (PRIA) troll and handline and bottomfish permits; and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1845 Wasp Blvd., Bldg. 176, Honolulu, Hawaii 96818.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Pacific Islands Region. This will enable NOAA Fisheries Service and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a permit for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the proprietary business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject 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.

**Instructions for the Pacific Islands Federal Fisheries Permit Application**

**Permit Type:** Check which permit you are applying for. Note: for the Hawaii longline permit, only renewal or transfer is allowed. A non-refundable application processing fee of $37.00 is required only for the Hawaii longline permit.

**Permit Area** (for Precious Coral)**:** X-P-AS (American Samoa Exploratory Area), E-B-1 (Makapu’u Established Bed, Hawaii), E-B-2 (Au’au Channel Established Bed, HI), C-B-1 (Keahole Pt. Conditional Bed, HI), C-B-2 (Kaena Pt. Conditional Bed, HI), X-P-H (Hawaii Exploratory Area – all other HI areas except NWHI), X-P-G (Guam Exploratory Area), and X-P-CNMI (Northern Marianas Exploratory Area). See regulations at 50 CFR 665 for details.

**Vessel Information:** Fill in the vessel name, official number (USCG documented vessel number or registered number for undocumented vessels), radio call sign, and name of vessel owner. If the vessel has no name, please draw a line in the vessel name field. Registration of a new or replacement vessel to the permit will require a transfer.

**Permit Holder Information:** Fill in the name of the person(s) or business(es) to whom the permit will be issued. The permit will be issued to this permit holder. Provide the taxpayer ID number: SSN for individual, or EIN for a business. Fill in the date of birth of the individual or the date of incorporation for the business. Any change in the name of the permit holder will require a transfer.

Fill in the name of the person who will be the main contact for the permit holder, if not the same person as the permit holder, or if the permit holder is a business. Provide the mailing address, phone numbers, and email of the permit holder. This will be the address of record.

**Applicant:** The person who submits the application must print their name and sign the form. Fill in application date and applicant title. If the applicant is not the permit holder or is not a member or officer of the business that holds the permit, the permit holder must provide a signed letter of authorization designating the applicant as the agent.

**For Hawaii Longline Permit Transfers:** This section must be completed by the current permit holder who is transferring the permit (transferor) to another person or business (transferee). The current permit holder(s) must write their name, their signature, and date it. The permit number being transferred must be provided. If there is more than one permit holder, all permit holders must confirm the transfer. NMFS may request additional documentation to verify the transfer.

**Required Documents to provide with the application:** 1) a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from a state/territorial agency (undocumented vessel) showing current vessel owner, 2) payment for the processing fee, if required, and 3) if the applicant is an agent, attach a signed letter from the permit holder authorizing the applicant as the agent. The vessel owner must have a current Protected Species Workshop (PSW) certificate to renew the permit. If the vessel owner is a business, an officer or authorized representative of the company must have a current PSW certificate. Contact piropsw@noaa.gov for workshop information.

**Submit Complete Application to:** The address printed in the upper left corner of the first page or at the NMFS Honolulu Service Center, Pier 38, Honolulu, HI 96817 (M-F, 8 am – 4 pm). Contact the Permits Program at piro-permits@noaa.gov for information on online renewals of Hawaii longline permits, and other permits as available.

An application that is lacking required information, vessel registration or documentation, or payment will be considered incomplete. An incomplete application will be abandoned if it is not completed within 30 days after reception (50 CFR 665.13). You must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13). It is prohibited to file false information on any application for a fishing permit (50 CFR 665.15(b)).

 OMB Control No: 0648-0490

 Expires: 12/31/2014

**Pacific Islands Federal Fisheries Permit Application**

**SUPPLEMENTAL INFORMATION FOR:**

**\*\* MAIN HAWAIIAN ISLANDS LONGLINE FISHING PROHIBITED AREA EXEMPTION\*\***

**ELIGIBLE VESSEL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OFFICIAL NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Basis for Exemption Eligibility (ALL items must be checked and supporting documents attached to be eligible):**

\_\_\_ Applicant currently holds a Hawaii longline limited entry permit

\_\_\_ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear

 prior to 1970 from waters now closed to longline fishing.

\_\_\_ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear in

 at least five (5) years since (and including) 1970 from waters now closed to longline fishing.

\_\_\_ Applicant was the owner or operator of a vessel that made at least 80 percent of its landings of longline-caught pelagic

 management unit species in any calendar year in waters now closed to longline fishing.

**Legible copies of supporting document(s) for exemption eligibility attached** (check all applicable):

\_\_\_ State of Hawaii Catch Reports \_\_\_ Vessel fishing logs \_\_\_ Auction receipts

\_\_\_ Signed affidavits (original) \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF APPLICANT:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 2 hours for main Hawaiian Islands longline fishing prohibited area exemption and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1845 Wasp Blvd., Bldg. 176, Honolulu, HI 96818.

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