



Broken Trip Adjustment Sheet

SUBMIT TO:

NATIONAL MARINE FISHERIES SERVICE
ANALYSIS AND PROGRAM SUPPORT DIVISION
55 GREAT REPUBLIC DRIVE, GLOUCESTER, MA 01930
FAX: (978) 281-9135

Information:

Owner name/corporation:

Vessel name:

Permit #:

USCG doc / State reg #:

Vessel operator:

Reason for broken trip:

Date VMS Broken Trip Notification Form sent to NMFS:

Pounds of scallops landed:

Access Area fished:

Broken trip departure date:

Broken trip landing date:

Vessel owner signature: _____ Date: _____

This form is required under 50 CFR ' 648.60 to monitor the days-at-sea allocation and usage for limited access scallop permit holders. Signature of this form certifies that permit holder requirements specified in 50 CFR ' 648.60, and that the information provided on this form is true, complete and correct to the best of their knowledge, and made in good faith (18 U.S.C. 1001). Making a false statement on this form is punishable by law.

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.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to NMFS, 55 Great Republic Drive, Gloucester MA 01930; and to OMB, Paperwork Reduction Project, Washington, DC 20509.

OMB Control No. 0648-0491
Expiration Date: 5/31/2014