

**Highly Migratory Species Observer Notification Form**

**This form is provided for your response.** Please provide the information requested below and at least 5 days prior to your estimated departure. The mailing address and FAX number you should use are on the back of this form. If the vessel is not fishing or is involved in another fishery during the selection period, please indicate this under Vessel Fishing Status.

Captain's Name: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Documentation/Vessel Number: \_\_\_\_\_ Overall Length: \_\_\_\_\_ (ft)

Crew Size: \_\_\_\_\_ (include skipper) Bunk Capacity: \_\_\_\_\_ Life Raft Capacity: \_\_\_\_\_

Contact Person/Telephone Number(s): \_\_\_\_\_

<b>Communication Equipment (please check)</b>	<b>Commercial Fishing Vessel Safety Examination Decal</b>
Cellular phone:	Serial Number:
VHF:	Date of issuance:
Single Side Band:	_____/_____ Month      Year
Call sign:	

**Vessel Fishing Status:**

**Port of Departure:**

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ (AM or PM)

**Expected Landing Port:**

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Anticipated Landing Date: \_\_\_\_\_

*I certify under penalty of perjury under the laws of the United States of America that the information given on this form is true and correct, and that I have full authority to execute this form.*

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*Signature*

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*Date*

*For the Pelagic Observer Program, please return by mail to SEFSC Pelagic Observer Program, 75 Virginia Beach Dr. Miami, FL 33149 or fax to 305-361-4282. For questions, call 800-858-0624.*

*For the Shark Observer Program, please return by mail to SEFSC Shark Bottom Longline Observer Program, 3500 Delwood Beach Rd, Panama City, FL 32408-7403 or fax to (850) 235-3559. For questions, call (850) 234-6541.*

**PAPERWORK REDUCTION ACT STATEMENT:** The information provided on this form will be used by the National Marine Fisheries Service to ensure that observers can be deployed effectively, efficiently, and safely on fishing vessels in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 2 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory under regulations at 50 C.F.R. 600.746 for the safety questions and at 50 C.F.R. Part 622.8, 50 C.F.R. 229.7, and 50 C.F.R. 222.401 for the other questions. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. 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. This is an approved information collection under OMB Control No. 0648-xxxx through xx/xx/2012.