

**VESSEL PERMIT APPLICATION - 2015**  
**\$200.00 Fee**  
**Species Sought: Yellowfin and Other Tuna and Tuna-like Species**

The collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1371) and by implementing regulations contained at 50 CFR §216.24(b)(1). The information supplied on this form will be used by the National Marine Fisheries Service to authorize the incidental take and to alert vessel owners of applicable rules and regulations regarding the permit for the taking of marine mammals incidental to commercial purse seine fishing for yellowfin tuna in the eastern tropical Pacific Ocean. The name of the vessel and owner, official number, tonnage, carrying capacity and business address supplied on this form may be released under the Freedom of Information Act. All other information supplied on this form are considered proprietary and therefore subject to data confidentiality restriction of National Oceanic and Atmospheric Administration Administrative Order 216-100.

**1. VESSEL INFORMATION**

a. NAME OF VESSEL:	b. OFFICIAL NUMBER:	c. TONNAGE:
d. CARRYING CAPACITY: (short or metric tons)	e. MAXIMUM VESSEL SPEED: (knots)	
f. FEDERAL, STATE, AND COMMERCIAL FISHING LICENSES: (include type, identification numbers, and expiration dates)		
g. TYPES OF PROCESSING EQUIPMENT:		

**2. OWNER INFORMATION**

I hereby certify that the above-named vessel, bearing the official number indicated, is owned as follows. (State the nature of ownership, e.g., corporation, partnership, joint venture, etc., after the owner's name.):

OWNER'S NAME:  
BUSINESS ADDRESS:  
  
TELEPHONE:  
FAX:

**3. VESSEL PERMIT HOLDER INFORMATION**

THE VESSEL PERMIT WILL BE ISSUED TO THE OWNER IDENTIFIED IN BLOCK 2. PROVIDE THE FOLLOWING INFORMATION IF THE PERMIT IS TO BE ISSUED TO THE MANAGING OWNER INSTEAD OF THE OWNER:

MANAGING OWNER'S NAME  
BUSINESS ADDRESS:  
  
TELEPHONE:  
FAX:

**4. OPERATOR INFORMATION**

NAME OF PERMITTED OPERATOR:

## 5. MARINE MAMMAL SAFETY INFORMATION

Does the above-named vessel intend to make intentional purse seine sets on marine mammals to capture tuna?	YES	NO
IF YES, IS THE VESSEL EQUIPPED WITH THE FOLLOWING DOLPHIN SAFETY GEAR?		
Dolphin Safety Panel	YES	NO
Dolphin Safety Panel Markers	YES	NO
Dolphin Safety Panel Hand Holds are securely fastened	YES	NO
Dolphin Safety Panel Corkline Hangings are securely fastened	YES	NO
An operational Dolphin Safety Light capable of producing 140,000 lumens	YES	NO
Minimum of 3 speedboats equipped with towing bridles or towing posts	YES	NO
At least two Operational Facemasks, Snorkels, or Viewboxes	YES	NO
Operational Raft	YES	NO

## 6. VESSEL CONTACT PERSON

THE FOLLOWING PERSON HAS THE AUTHORITY TO DEAL WITH NMFS ON BEHALF OF THE VESSEL:	
a. NAME: BUSINESS ADDRESS:  TELEPHONE: FAX:	b. RELATIONSHIP TO VESSEL OWNER OR MANAGING OWNER (specify):

## 7. PERSON COMPLETING THIS APPLICATION

a. NAME:	b. RELATIONSHIP TO VESSEL OWNER OR MANAGING OWNER:
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I agree to release to the National Marine Fisheries Service (NMFS) all records made by Inter-American Tropical Tuna Commission observers during fishing trips aboard the vessel under this permit and furnish the international observer program with all release forms required to authorize the observer data to be provided to NMFS. Under penalty of perjury, I declare that the information in this application is true and complete.

\_\_\_\_\_  
SIGNATURE OF THE PERSON COMPLETING THIS APPLICATION

\_\_\_\_\_  
DATE

**Upon completion, submit with \$200.00 fee in check payable to: National Marine Fisheries Service. Send to: National Marine Fisheries Service, Attn: Permits, 501 West Ocean, Blvd., Suite 4200, Long Beach CA 90802-4213**

Public reporting burden for this collection of information is estimated to average 30 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 this burden, to Regional Administrator, West Coast Region, National Marine Fisheries Service, 501 West Ocean Boulevard, Suite 4200, Long Beach, California, 90802-4213, (562) 980-4001.

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB Control number.