



PACIFIC ISLANDS CRUSTACEAN SALES REPORT LOG

NAME OF VESSEL _____

PERMIT NUMBER _____

TO

Paperwork Reduction Act Information

Public reporting burden for this collection is estimated at 5 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, NMFS Pacific Islands Region, Pacific Islands Regional Office, National Marine Fisheries Service, 1845 Wasp Blvd. Bldg. 176, Honolulu, Hawaii 96818.

This information is being collected to ensure accurate and timely records about the fishing activity of persons licensed to participate in fisheries under Federal regulations in the Pacific Islands region. This will enable the National Marine Fisheries Service and the Western Pacific Fishery Management Council to (a) determine how those persons would be affected by changes in management; (b) ensure that they are informed about prospective changes in fishery regulations and the analysis of estimated impacts; and (c) determine whether the objectives of the fishery program are being achieved by monitoring the fishery and evaluating the impacts on stocks, the fishery participants, and related businesses. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 665.13 and 665.14). Data provided concerning the activities and 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.

Vessel Reporting Requirements

The operator of any fishing vessel operating under a Federal Pacific Islands Region lobster or shrimp permit must submit an accurate and complete report of sales to the National Marine Fisheries Service within 72 hours of each landing of management unit species, except for fishing in the Pacific Remote Islands Areas, where it is required that the forms be submitted to the Regional Administrator within 30 days of the end of each fishing trip. Each form must be signed and dated by the fishing vessel operator. The original form must be submitted (ref. 50 CFR 665.14)

Submit completed logs to:
NOAA Inouye Regional Center
Attn: NMFS/PIFSC/Fishery Monitoring Branch
1845 Wasp Boulevard, Building 176
Honolulu, Hawaii 96818

For questions or additional forms call: (808) 725-5326

No. 000001

NATIONAL MARINE FISHERIES SERVICE WESTERN PACIFIC CRUSTACEAN SALES REPORT

Vessel Name _____ Permit Number _____

Name of First Level Buyer _____

(Fill out a separate form for each buyer)

Business Address _____

Telephone number: (____) _____ FAX number: (____) _____

E-mail address: _____

All lobsters/shrimp off-loaded to this buyer? (yes/no) _____

Port of Landing _____ Date of landing _____

Location of off-load _____ Date all lobsters/shrimp off-loaded _____

SALES INFORMATION

Species	Frozen (lobster tails or whole shrimp)			Live			Other product form (specify _____)		
	Sold (circle one)	Value Total value of product sale (\$)	Not Sold (circle one)	Sold (circle one)	Value Total value of product sale (\$)	Not Sold (circle one)	Sold (circle one)	Value Total value of product sale (\$)	Not Sold (circle one)
	No. or Wt. (lbs)		No. or Wt. (lbs)	No. or Wt. (lbs)		No. or Wt. (lbs)	No. or Wt. (lbs)		No. or Wt. (lbs)
Spiny Lobster (specify)									
Slipper Lobster (specify)									
Deepwater Shrimp (specify)									
Octopus									
Other (specify)									
Other (specify)									

PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT?: YES ___/NO ___

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

Vessel Captain/operator: (Print name) _____

(signature) _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE WESTERN PACIFIC CRUSTACEAN SALES REPORT

VESSEL NAME: Name of fishing vessel.

PERMIT NUMBER: Western Pacific Crustacean Fishery Permit number.

NAME OF FIRST LEVEL BUYER: Name of the first level buyer, i.e. initial buyer of the product from the permit holder.

First level buyer means:(1) The first person who purchases, with the intention to resell, management unit species, or portions thereof, that were harvested by a vessel that holds a permit or is otherwise regulated under crustacean fisheries in subparts B through E of this part (50 CFR 665); or (2) A person who provides recordkeeping, purchase, or sales assistance in the first transaction involving MUS (such as the services provided by a wholesale auction facility).

BUSINESS ADDRESS: Address of first level buyer.

TELEPHONE NUMBER: Business or other contact telephone number of *first level buyer*

FAX NUMBER: FAX number of the first level buyer.

E-MAIL ADDRESS: e-mail address of first level buyer.

ALL LOBSTERS/SHRIMP OFFLOADED TO THIS BUYER: Yes or No.

PORT OF LANDING: Port of vessel return (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

DATE OF RETURN: Date of vessel return to port.

LOCATION OF OFF-LOAD: Port of off-load (e.g., Honolulu, Hilo, Kodiak, Los Angeles, etc.).

DATE ALL LOBSTERS/SHRIMP OFF-LOADED: Date of completion of offloading.

SALES INFORMATION

Values should be input into the correct column matching the species and product form.

SPECIES: If species is not listed then fill in the species in the "Other (specify)" box.

Sold (circle one) No. or Wt. (lbs): List total number or weight **sold**, circle No. or Wt. to indicate unit of measure.

Not Sold (circle one) No. or Wt. (lbs): List total number or weight **not sold**, circle unit i.e. No. or Wt. to indicate unit of measure.

Value: Total **value** (\$) of the product.

PACKING/WEIGHOUT DOCUMENTATION ATTACHED TO THIS REPORT: Circle Yes or No. If yes, then attach the packing/weighout documentation to this form.

VESSEL CAPTAIN/OPERATOR: Print full name, sign on signature line, date of report completion.