



1U.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: 0648-0584
Expires: xx/xx/xxxx

*BUSINESS MAILING ADDRESS: _____
Street/PO Box City State ZIP Code

*BUSINESS PHONE (____) _____; CELL PHONE (____) _____ FAX (____) _____

EMAIL: _____

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

*APPLICANT: _____ *DATE: _____
Printed Name Signature

*APPLICANT TITLE: ___ Vessel owner, ___ Corp. officer or partner, ___ Designated agent**, or ___ Other _____
(Check only one)

*Is this application for a new permit? ___ or a renewal? ___

Mail the application to the address at the top left of this page. 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. 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)). Rev.

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.

PAPERWORK REDUCTION ACT INFORMATION

1Public reporting burden for this collection is estimated as follows: 15 minutes for CNMI bottomfish permit application 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.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS 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 license for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or 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 Northern Mariana Islands Commercial Bottomfish Permit Application

Please print all information legibly. All items marked with a * on the form must be completed.

- Vessel Name: Write in the name of the vessel. If the vessel does not have a name, write N/A.
- Vessel Official No.: Write in the USCG documented vessel number or the boat registration number pp xxxx ss, where pp is the state/territory prefix, xxxx is the number, and ss is the type. For example, CM 1234 CF.
- Vessel Registered Length: Write in the vessel's length overall in feet, as listed on the USCG document or undocumented vessel registration.
- Radio Call Sign: Write in the call sign assigned to your vessel's radio by the FCC, if you have one. It would probably start with a W. If you do not have a call sign, write N/A.
- Vessel Owner: Write in the name of the vessel owner as listed on the USCG document or undocumented vessel registration. **The vessel owner will be the permit holder.**
- Taxpayer Identification Number: If a business owns the vessel, write the Employer Identification Number (EIN) obtained from the U.S. Internal Revenue Service. If an individual, write the Social Security Number (SSN).
- Date of Birth or Incorporation (MM/DD/YYYY): If an individual owns the vessel, write the person's full birth date. If a business owns the vessel, write the full date of incorporation.
- Business Contact: If a business owns the vessel, please write in the name of the primary person to contact for the business.
- Title: Write in the title or role of the contact in relation to the business, that is, officer, member, partner, owner, etc.
- Business Mailing Address: Write in the primary mailing address of the vessel owner. This address will be used as the official address of record for all mail to the permit holder. As a business address, it may be disclosed to the public.
- Business Phone: Write in the primary business phone number of the vessel owner. **This will be your phone number of record.**
- Cell Phone, Fax, Email: Please provide additional contact information for the vessel owner.
- Applicant: Print your name and Sign on the line. The applicant must sign the form.
- Applicant Role: Check only one for the role of the applicant in relation to the vessel owner.
- Date: Fill in the date the application was signed.
- New Permit or Renewal?: Check only one box.

Please provide the **Required Documents** with the application.

- A copy of the vessel's current USCG Certificate of Documentation or CNMI/state boat registration.
- Payment by check for the non-refundable application processing fee of **\$54.00**. Please make check payable to "Department of Commerce, NOAA." Cash will not be accepted.
- ** If the Applicant is not the vessel owner, a signed letter from the vessel owner authorizing the applicant to act as an agent for the vessel owner is required.

Mail the application with payment and all required documents to the address provided at the top left of the first page. **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)).**