

OMB Control No. 0648-0463

Expiration Date: xx/xx/xxxx

NOAA National Marine Fisheries Service

Pacific Islands Regional Office ATTN: SFD Permits

1845 Wasp Blvd., Bldg. 176

Honolulu, HI 96818

Ph: (808) 725-5000; FAX: (808) 725-5215

**Special Coral Reef Ecosystem Fishing Special Permit**

**or Transshipment Permit Application Form**

**Applying for: \_\_\_\_ Fishing Special Permit; \_\_\_\_ Transshipment Permit**

**Applicant Information** (Please print legibly, all items required) **See Required Documents under Instructions on Page 3.**

Full Name:

Taxpayer Identification Number (SSN): Date of Birth: (MM/DD/YYYY)

Business Mailing Address:

 Street Apt.# City State ZIP

Business Phone: Cell:

Email:

**Vessel Operator?** Yes \_\_\_ ; No \_\_\_ (If Yes, complete the vessel information)

Vessel Name: Home Port:

Length (ft): Net Tonnage: Gross Tonnage:

Vessel USCG Documentation \_\_\_; State/Territory Registration \_\_\_ (check only one)

Vessel Documentation or Registration Number: ; Radio Call Sign:

Is this permit solely to transship coral reef ecosystem taxa received from another vessel around the EEZ of the Northwestern Hawaiian Islands, the Pacific Remote Island Areas, or any other low-use Marine Protected Area (MPA)? \_\_\_\_\_\_\_\_ (Y/N)

Do you agree to accommodate an observer on board while fishing, if required?\_\_\_\_\_\_\_ (Y/N)

Does vessel have an active Vessel Monitoring System?\_\_\_\_\_\_ (Y/N)

Do you agree to submit daily log data within 30 days of returning to port?\_\_\_\_\_(Y/N) or transshipment log data within 7 days of returning to port? \_\_\_\_\_(Y/N)

**Describe your intended target and incidental species, expected catch, processing, and reason for harvesting:**

Use another page if necessary; total expected catch during permit period for target species required for permit approval.

|  |  |
| --- | --- |
| Target Species or Taxa | Expected Incidental Species or Taxa |
| Species Name     | Expected Catch (lb) (#, wt.)    | How will it be processed?1 | Why harvested? 2 | Species Name | Expected Catch (lb) (#, wt.)() | Keep? (Y/N) |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1Live, fresh, frozen, preserved, other

2 Food, ornamental, research, other

**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 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.

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**In which EEZ Management Subarea will fishing be conducted?** (check only one)

Main Hawaiian Islands \_\_\_ American Samoa \_\_\_ Guam \_\_\_\_ Guam’s Southern Banks \_\_\_\_

CNMI \_\_\_\_ Pacific Remote Island Areas (PRIA) (specify which) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fishing Gears To Be Used:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check any special exemption for which you qualify and would like to be eligible for under this permit application** (attach description of conditions under which you apply):

Possess current Fishery Ecosystem Plan Permit \_\_\_\_ Scientific Bioprospecting \_\_\_ General Indigenous \_\_\_\_

Indigenous use of live rock/coral \_\_\_\_ Aquaculture seed stock of coral \_\_\_\_

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

**Applicant Name** (print):

**Applicant Signature**: **Date**:

It is prohibited to file false information on any application for a fishing permit (50 CFR 665.15(b)).

**Paperwork Reduction Act Information**

Public reporting burden for this collection is estimated to average two hours per permit application and three hours per permit appeal, 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, 1845 Wasp Blvd., Bldg. 176, Honolulu, Hawaii, 96818.

This information is being collected to provide the information needed by NMFS to regulate and monitor the coral reef fisheries and resources managed under the Fishery Ecosystem Plans for the American Samoa Archipelago, Hawaiian Archipelago, Mariana Archipelago, and Pacific Remote Island Areas, developed by the Western Pacific Fishery Management Council and established by NMFS, and to evaluate the effectiveness of management by assessing the status of stocks and the status of the fisheries. The information provides a basis for determining whether changes in management are needed to sustain the productivity of the stocks or to respond to interactions between fishing vessels and protected species and to address economic problems in the fishery. The information is also used to provide a basis for evaluating the magnitude and distribution of impacts resulting from changes to the regulations. Responses to the collection are required under 50 CFR 665.13. Proprietary 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 provisions 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 Coral Reef Ecosystems Fishing Special Permit or Transshipment Permit:**

Any person who fishes for, or the operator of a vessel used to fish for, coral reef ecosystem species in a low-use MPA defined in §665.199, potentially harvested coral reef taxa, or use a gear not specifically allowed in the regulations must have a current **Coral Reef Ecosystem** **Fishing Special Permit**. A receiving vessel that is used in a coral reef ecosystem management area to land or transship Potentially Harvested Coral Reef Taxa or any coral reef ecosystem MUS harvested within a low-use MPA must be registered to a valid **Coral Reef Ecosystem** **Transshipment Permit**. Please see the regulations in the Code of Federal Regulations, Title 50, Part 665 for more information.

1. Check whether applying for a fishing special permit or a transshipment permit (note: not all fields applicable to a transshipment permit)
2. Applicant full name: Write full name including middle initials.
3. Taxpayer Identification Number: Write in your Social Security Number (individual)
4. Business mailing address and business phone: This information will be your address and phone number of record
5. Cell phone and email: Please provide these information to facilitate communication with the permit holder
6. Vessel Operator: If you are a vessel operator and/or applying for transshipment permit, please provide the vessel information.
	1. Vessel Name if any
	2. Home Port
	3. Vessel length overall in feet
	4. Net tonnage
	5. Gross tonnage
	6. Check whether vessel is USCG documented or state/territory registered
	7. Vessel documentation or registration number
	8. Radio call sign as issued by the FCC
7. Respond Yes or No to the following questions:
	1. Is this permit solely for transshipping of coral reef ecosystem taxa received from another vessel around the EEZ of the Northwestern Hawaiian Islands, the Pacific Remote Island Areas, or any other low-use MPA?
	2. Agree to carry an observer if requested
	3. The vessel has an active VMS
	4. Agree to submit daily log sheets within 30 days of returning to port, or transshipment log data within 7 days of returning to port
8. Intended target and incidental species, expected catch, processing and reason for harvesting: Fill in the table. Attach extra sheets if necessary.
9. EEZ management subarea: Check only one of the areas listed. If a PRIA, please specify which island/atoll will be fished.
10. Fishing gears: List fishing gears that you will use.
11. Exemption: Check which exemption you claim and can qualify for. You must provide qualifying documentation.

**Required Documents:**

1. Attach statement describing objectives and details of proposed fishing operation, estimated ecosystem, habitat and protected species impacts, and any additional information to help support approval of this application.
2. Attach copy of current USCG vessel documentation or state/territory vessel registration for vessel used for fishing or transshipping.

Mail application to the address at the upper left of page 1 or deliver it to the NMFS Honolulu Service Center at Pier 38. An application that is lacking required information or vessel registration or documentation 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)).