



U.S. Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service – Permits Operations
55 Great Republic Drive
Gloucester, MA 01930



August 25, 2009

Attn: «NAME_FIRST» «NAME_MIDDLE» «NAME_LAST»
«ADDRESS1»
«CITY», «ST» «ZIP»

Permit Number: «Operator_Key»

Dear Vessel Operator Permit Holder,

Your current commercial vessel operator permit will expire on «Date_Expired». You will need to apply for a permit renewal. Enclosed you will find a preprinted renewal application. Review the information carefully and make any corrections on the back of the application. **All fields must be filled in. Please write legibly. You must enclose 1 current color passport-sized photo of yourself.**

Please sign and date the form and return it to the address on the application. If you have any questions, please call Permit Operations at 978-281-9370 x6437.

Sincerely,

Vincie Susanno,
Legal Instruments Examiner



**U.S. Department of Commerce
National Oceanic and Atmospheric Administration
National Marine Fisheries Service – Permits Office
55 Great Republic Drive
Gloucester, MA 01930**



RENEWAL APPLICATION FOR COMMERCIAL VESSEL OPERATOR PERMIT

August 25, 2009

ALL FIELDS MUST BE FILLED IN

Please make any changes and or corrections to this information on the back of this application

Permit Number: «Operator_Key» Current Expiration Date:
«Date_Expired»

Full Name: «NAME_LAST » «NAME_MIDDLE» «NAME_LAST»

Mailing Address: «ADDRESS1»
 «CITY», «ST» «ZIP»

Phone Number: («Area_Code») «Phone_Number» Date of Birth: «Birth_Date»

Hair Color: «Eye»	Eye Color: «Hair»	Height: «Weight»	Weight: «Height»
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Note: You must enclose 1 current color passport-sized photo of yourself to obtain your new permit.

I affirm, subject to the penalties provided in 18 USC 1001, that all information I have given in obtaining this permit is true and correct.

Signature: _____ Date: _____

Please check here if you made any changes/corrections on back of this application _____

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to NOAA Fisheries, One Blackburn Drive, Gloucester, MA 01930-2298. The purpose and use of these permits are to (1) register industry participants and fishing vessels, (2) exercise influence over compliance, (3) provide a mailing list for the dissemination of important information to the industry, (4) register participants to be considered for limited entry, and (5) provide a universe for data collections samples. Both the MSFCA and Executive Orders 12866 et al, require the determination of this information. 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. Any information submitted by any person to obtain a permit is not confidential, and may be disclosed upon request.

CORRECTIONS

Fill in this section only if making changes/corrections to the front of this application.

Full Name: _____

Mailing Address: _____

Phone Number: _____

Date of Birth: _____

Eye Color: _____

Hair Color: _____

Weight: _____

Height: _____