

Expiration Date

**PERMIT APPLICATION FEE: $30**

**UNITED STATES DEPARTMENT OF COMMERCE**

**National Oceanic and Atmospheric Administration**

NATIONAL MARINE FISHERIES SERVICE

West Coast Region

501 West Ocean Blvd, Suite 4200

Long Beach, CA 90802

OMB#: 0648-0204

APPROVAL EXPIRES: 08/31/2016

**Pacific Highly Migratory Species**

**Vessel Permit Renewal Application**

Please write-in any changes or corrections

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| --- |
| **VESSEL INFORMATION** |
| USCG Documentation or State Registration Number |  |
| Vessel Name |  |
| Home Port and State |  | Hail Port and State |  |
| Radio Call Sign |  | VMS |  |
| Registered Length (Ft.) |  | Registered Breadth (Ft.) |  | Registered Depth (Ft.) |  |
| Gross Tons |  | Net Tons |  | CFPV Passenger Cap. |  |
| Hold Capacity (Short tons, 1 ST= 2,000 lbs.) |  |
| Refrigeration Type |  | Propulsion Type |  | Horsepower |  |
| Hull Material |  |
| Year Built |  | Location Built |  | Crew Size |  |
| Previous Vessel Name/Flag/Effective Dates |  |
|  |
| Gear Type Authorized by the HMS Permit (Addition of gear types may be subject to further authorization) |
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| **VESSEL OWNERSHIP INFORMATION** |
| Permit Holder and/or Company Name |  |
| Business Mailing Address |  |  |  |  |
| Business Telephone |  | Fax |  | Mobile |  |
| Email Address |  |
| Additional Owners/Birthdate (if new) |
|  |  |

**SIGNATURE**

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

Name (Print legibly) Signature Date

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**Permit application fee: $30.00 payable to “US Department of Commerce – NOAA”**

**Mail to: Permits Office, 501 W Ocean Blvd. Suite 4200, Long Beach, CA 90802**