

**OBSERVER/CATCH MONITOR
 PROVIDER PERMIT
 APPLICATION FORM
 PACIFIC COAST GROUND FISH
 FISHERY**

**UNITED STATES DEPARTMENT OF COMMERCE
 National Oceanic and Atmospheric Administration
 National Marine Fisheries Service, West Coast Region
 Fisheries Permits Office**
 7600 Sand Point Way NE, Bldg. 1
 Seattle, WA 98115-0070
 Phone (206) 526-4353 Fax (206) 526-4461
<http://www.westcoast.fisheries.noaa.gov/>



Section A – Applicant Information

1. Legal Name of Applicant		2. TIN (if business) or DOB (if person)	
		3. State Registered In (if business)	
4. Business Mailing Address <i>Street or PO Box</i>		5. Business Phone Number ()	
		6. Business Fax Number (<i>optional</i>) ()	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	7. Business Email (<i>optional</i>)

**Section B – Endorsement Request
 [Check one or both]**

Observer Endorsement

Catch Monitor Endorsement

Section D – Description of Management and Organizational Structure

Please describe the management and structure of the applicant organization. At a minimum, such description should provide the general functional responsibilities of various staff, all office locations and their business addresses, business phone number, fax number and email addresses. Also, if a corporation attach articles of incorporation or if a partnership, attach the partnership agreement.

Section E – Applicant Prior Experience and Qualifications

For the endorsement(s) you are applying for, please describe **any prior relevant experience or qualifications** the applicant may have that would qualify them for this provider permit/endorsement(s). Prior relevant experience includes but is not limited to: recruiting, hiring, deployment, personnel administration and placing/supporting individuals in remote field or marine work environments. Qualification elements may include the knowledge or educational background of owners and employees.

Observer Endorsement:

Catch Monitor Endorsement:

Section F – Description of Ability to Carry out Required Responsibilities/Duties

For the endorsement(s) you are applying for, please describe your ability to carry out the required provider responsibilities and duties listed for observers and/or catch monitors as described in regulation. You may use the space provided below to describe experience/qualification or attach to the application a written narrative.

Observer Endorsement: (see responsibilities/duties described for observers on vessels in the shorebased fishery: at 50 CFR 660.140(h); mothership fishery at 50 CFR 660.150(j) and catcher processor fishery at 50 CFR 660.160(g).)

Catch Monitor Endorsement: (responsibilities/duties given at 50 CFR 660.17(e))

Section G – Conflict of Interest, Criminal Convictions, Negative Performance Ratings on Federal Contracts, and Decertification

Under penalty of perjury, I either Affirm **or** Do Not Affirm as specified below, that all owners, board members, officers, authorized agents, and employees, are free from the following:

Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Conflict of interest as described in 50 CFR § 660.18 (c)(3)
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Criminal convictions
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Any previous Federal contract with an unsatisfactory performance rating
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Any previous decertification action while working as an observer, catch monitor, observer provider, or catch monitor provider

Please Note: If you cannot affirm any of these statements or are unsure, check “Do Not Affirm” and attach to the application relevant information to enable NMFS to make a decision.

Section H – Certification of Applicant and Notary

This section must be completed by a notary to certify that the individual(s) have satisfactorily identified themselves.

Under penalties of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the applicant and completed this form, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.

Signature of Authorized Representative	Date
Printed Name of Authorized Representative	
Notary Public Signature	<input type="checkbox"/> ATTEST
<i>Date Commission Expires</i>	Affix Notary Stamp or Seal Here

WARNING STATEMENT: A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR Part 904, a civil penalty up to \$100,000 under 16 USC 1858, and/or criminal penalties including, but not limited to, fines or imprisonment or both under 18 USC 1001.

PRIVACY ACT STATEMENT: All of the information collection described above is confidential under section 402(b) of the Magnuson-Stevens Act and under NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics except for the name and address of the applicant and the endorsement requested. The information collected is part of a Privacy Act System of Records, COMMERCE/NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries. A notice was published in the Federal Register on April 17, 2008 (73 FR 20914) and became effective on June 11, 2008 (73 FR 33065).

PRA STATEMENT: Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing the 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 suggestions for reducing this burden to NOAA/National Marine Fisheries Service, West Coast Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.