

## PACIFIC TRANSSHIPMENT DECLARATION FORM

LOCATION OF TRANSSHIPMENT: \_\_\_\_\_  
 (If at port, enter the PORT NAME; if at sea, give latitude and longitude of position in decimal form, to 0.1 degrees)

DATE(S) OF TRANSSHIPMENT: \_\_\_\_\_  
 (MM/DD/YYYY) – (MM/DD/YYYY)

Section 1: OFFLOADING VESSEL	Section 2: RECEIVING VESSEL	Section 3: OBSERVER (for Transshipments AT SEA only)
VESSEL NAME:  OFFICIAL NUMBER:  NAME OF VESSEL OPERATOR:	VESSEL NAME: _____ OFFICIAL NUMBER: _____  NAME OF VESSEL OPERATOR:  QUANTITY OF FISH PRODUCT ALREADY ON BOARD THE RECEIVING VESSEL PRIOR TO THIS TRANSSHIPMENT, BROKEN DOWN BY AREA OF CAPTURE:  Amount: _____ Unit of Measurement: _____ RFMO Area: _____ Amount: _____ Unit of Measurement: _____ RFMO Area: _____	The information in this box is provided to verify the presence of the named observer and does not represent the observer's concurrence with the information provided on this form. The observer may choose not to sign this form.  OBSERVER NAME:  SIGNATURE (IF ON BOARD):  DATE (MM/DD/YYYY): _____ <input type="checkbox"/> WCPFC Authorized <input type="checkbox"/> IATTC Authorized

**Section 4: TRANSSHIPMENT DETAILS (if additional rows needed, use back side of form)**

**SPECIES:** Enter name of the species or one of the following codes: **SKJ:** skipjack tuna, **YFT:** yellowfin tuna, **BET:** bigeye tuna, **ALB:** albacore  
**WEIGHT:** **WW:** whole weight, **GG:** gilled & gutted, **GX:** gutted, headed & tailed, **HG:** headed & gutted, **GT:** gilled, gutted & tailed, **GO:** gutted only, not gilled, **FL:** filleted, **LO:** loins  
**GEAR:** **PS:** Purse seines, **DL:** Drifting longlines, **PL:** Poles and lines, **HOVL:** Hand operated vertical lines (non-squid), **DN:** Driftnets, **TL:** Trolling lines, **HP:** Harpoons, **MVL:** Mechanized vertical lines (non-squid), **OT:** Other type(s) of gear

SPECIES	FR – FRESH FZ - FROZEN DR - DRIED	FORM OF PRODUCT (insert weight codes as shown above)	QUANTITY TRANSSHIPPED		FISHING GEAR USED TO TAKE THE FISH (insert gear code as shown above)	GEOGRAPHIC LOCATION OF FISH CATCHES		
			NUMBER OF FISH (if longline-caught)	ESTIMATED WEIGHT AND UNIT OF MEASUREMENT		I - Inside WCPFC Area O - Outside WCPFC Area, (if O, specify if in the IATTC Area)	Circle One: EEZ (Country of capture) or HS (High Seas)	If you indicate EEZ, write in the country of capture
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	

**Section 5: U.S. VESSELS WITH RECEIVING VESSEL PERMITS TRANSSHIPPING LONGLINE-CAUGHT FISH**

**Section 6: U.S. SPTT-LICENSED PURSE SEINE VESSEL INFORMATION**

BROKER OR SHIPPING AGENT AND CONTACT INFORMATION:  PORT OF LANDING:	TRIP NO.: _____ TRIP START DATE: _____  DESTINATION OF FISH: _____ TO BE PROCESSED AT: _____
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**Section 7: FOR TRANSSHIPMENTS IN THE IATTC CONVENTION AREA**

DEPARTURE DATE (MM/DD/YYYY/HOUR):	LOCATION OF DEPARTURE (PORT NAME):	TRANSSHIPMENT START DATE (MM/DD/YYYY/HOUR)
RETURN DATE (MM/DD/YYYY/HOUR):	LOCATION OF RETURN (PORT NAME):	TRANSSHIPMENT END DATE (MM/DD/YYYY/HOUR)
AGENT'S NAME:	FLAG AND RADIO CALL SIGN OF OFFLOADING VESSEL:	FLAG AND RADIO CALL SIGN OF RECEIVING VESSEL:

I certify that the above information is complete and accurate to the best of my knowledge

OWNER or OPERATOR NAME:

Indicate if owner of operator of:  Offloading Vessel  Receiving Vessel

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

