**Vessel Monitoring System (VMS) Installation and Activation Certification**

**For the South Atlantic Rock Shrimp Fishery**

**PLEASE COMPLETE THIS FORM B**Y   
 **PROVIDING ALL REQUESTED INFORMATIO**N

**Fishing Vessel (F/V) Name**:

**Vessel state registration number or U.S. Coast Guard documentation number:**

**Installing marine electrician or dealer (name, address, and telephone number):**

**Date of Installation (mm/dd/yyyy):**

**VMS Mobile Transceiver Unit (MTU)**

Manufacturer name:

Model:

Manufacturer Serial Number (S/N):

Communication network serial number (ISN):

**VMS Mobile Communications Service Provider (MCSP)**

Communications provider name:   
Communications ID number assigned by service provider:

**Did the manufacturer/vendor provide VMS MTU operating instructions?** Yes ⁭ No ⁭

**Did the manufacturer/vendor provide training on the use of the VMS MTU?** Yes ⁭ No ⁭

**Once the VMS MTU was installed, did the electrician/dealer, or the owner and/or operator of the vessel verify with NOAA OLE VMS Program personnel that position data was being received?** Yes ⁭ No ⁭

In accordance with 50 CFR 622.205(b), as the owner or operator of a vessel participating in the South Atlantic rock shrimp fishery, I hereby certify that the VMS unit on my vessel has been installed and the communication services activated, and receipt of position data has been verify by NOAA Office of Law Enforcement (OLE) VMS Program personnel, in compliance with the applicable procedures of this installation and activation form.

Vessel owner name:

Vessel owner signature: Date:

Vessel operator name:   
Vessel operator signature: Date:

Submit this completed certification to the NOAA/NMFS, Office of Law Enforcement, Southeast Division VMS Program, 263 13th Avenue South, Suite 109, St. Petersburg, FL 33701.

Under the provisions of the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and the Privacy Act of 1974 (Pub. L. 93-579), you are advised that disclosure of the requested information is mandatory for the purposes of managing the South Atlantic rock shrimp fishery. The requested information is used to ensure proper operation of the VMS unit. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. The public reporting burden for this collection of information is estimated to be 15 minutes for completion and submission of the statement certifying compliance with the installation and activation checklist. The estimates of public reporting burden for this collections of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Written comments regarding the burden-hour estimate or other aspects of this collection-of-information requirement, or suggestions for reducing this burden should be sent to Adam Bailey, NMFS, Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701.