

Vessel Monitoring System (VMS) Installation and Activation Certification
For the South Atlantic Rock Shrimp Fishery

PLEASE COMPLETE THIS FORM BY
PROVIDING ALL REQUESTED INFORMATION

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 verified 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 Project of 1997 (Pub. Law 104-13) and the Privacy Act of 1974 (Pub. Law 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.