OMB Control No. 0648-0387

Expires: June 30, 2018

**OPERATOR PERMIT APPLICATION - 2015**

**No Fee Required**

The collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1371) and by implementing regulations contained at 50 CFR §216.24(b)(2). The information supplied on this form will be used by the National Marine Fisheries Service to authorize the incidental take and to alert vessel owners of applicable rules and regulations regarding the permit for the taking of marine mammals incidental to commercial purse seine fishing for yellowfin tuna in the eastern tropical Pacific Ocean. The name of the operator supplied on this form may be released under the Freedom of Information Act. All other information supplied on this form are considered proprietary and therefore subject to data confidentiality restriction of National Oceanic and Atmospheric Administration Administrative Order 216-100.

**1. OPERATOR INFORMATION**

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| --- |
| OPERATOR NAME:  (First, Middle, Last)  HOME ADDRESS:  TELEPHONE:  FAX:  EMAIL: |

**2. PERMIT INFORMATION**

|  |
| --- |
| VESSEL NAME(S): |

|  |
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| DATE, LOCATION, AND PROVIDER OF MOST RECENT TUNA PURSE SEINE MARINE MAMMAL SKIPPER WORKSHOP: |

|  |
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| OTHER FEDERAL, STATE, AND COMMERCIAL LICENSES HELD BY OPERATOR:  (include type, identification numbers, and expiration dates) |

I declare that the information in this application is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT'S SIGNATURE DATE

-or-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT'S REPRESENTATIVE NAME (PLEASE PRINT) SIGNATURE DATE

**Upon Completion, submit to: National Marine Fisheries Service, Attn: Permits, 501 West Ocean Blvd., Suite 4200, Long Beach CA 90802-4213**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing 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 aspect of this collection of information, including suggestions for reducing this burden, to Regional Administrator, West Coast Region, National Marine Fisheries Service, 501 West Ocean Boulevard, Suite 4200, Long Beach, California, 90802-4213, (562) 980-4000

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB Control number.