

REQUEST TO TRANSFER GULF AQUACULTURE PERMIT

This form must be received by NOAA Fisheries at least 30 days prior to the date which the transferee desires to have the transfer effective.

A Gulf Aquaculture permit is transferable to an eligible person (i.e., a U.S. citizen or permanent resident alien). Permits may be transferred only if the geographic location of the aquaculture site remains unchanged.

For questions, contact the Regional Aquaculture Coordinator at (727) 551-5755 or email nmfs.ser.aquaculture@noaa.gov.

FOR OFFICE USE ONLY	
Date Received	
Gulf Aquaculture Permit Number	
Permit Expiration Date	
Violation Date	
Violation Clear Date	
Reviewer Initials and Date	

1. TRANSFEROR INFORMATION (ORIGINAL PERMIT HOLDER)

GULF AQUACULTURE PERMIT NUMBER	EXP. DATE (MM/DD/YYYY)	NAME OF TRANSFEROR	
<input style="width: 95%;" type="text"/>	/ /	<input style="width: 95%;" type="text"/>	
MAILING ADDRESS		Apt/Suite #	
<input style="width: 95%;" type="text"/>		<input style="width: 15%;" type="text"/>	
CITY	STATE	COUNTY	ZIP CODE
<input style="width: 18%;" type="text"/>	<input style="width: 22%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>
WORK TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
<input style="width: 25%;" type="text"/> () -	<input style="width: 25%;" type="text"/> () -	<input style="width: 45%;" type="text"/>	

2. TRANSFEREE INFORMATION (NEW PERMIT HOLDER)

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
MAILING ADDRESS			Apt/Suite #
<input style="width: 95%;" type="text"/>			<input style="width: 15%;" type="text"/>
CITY	STATE	COUNTY	ZIP CODE
<input style="width: 18%;" type="text"/>	<input style="width: 22%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
<input style="width: 25%;" type="text"/> () -	<input style="width: 25%;" type="text"/> () -	<input style="width: 45%;" type="text"/>	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID		
/ /	<input style="width: 95%;" type="text"/>		

3. TRANSFEREE BUSINESS INFORMATION

(A) Provide business information for the transferee, if applicable.

BUSINESS NAME		MAILING ADDRESS	
<input type="text"/>		<input type="text"/>	
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS TELEPHONE NUMBER	DATE WHEN BUSINESS FORMED (MM/DD/YYYY)	STATE WHERE FORMED	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

(B) Provide information on the names, addresses, and titles of all officers, partners, and directors, if applicable. Attach additional sheets as necessary.

OFFICER/PARTNER/DIRECTOR #1

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSITION IN COMPANY	MAILING ADDRESS	Apt/Suite #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID		
<input type="text"/>	<input type="text"/>		

OFFICER/PARTNER/DIRECTOR #2

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSITION IN COMPANY	MAILING ADDRESS	Apt/Suite #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	STATE	COUNTY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER or PERMANENT RESIDENT ALIEN ID

/ /	n
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for a NOAA Fisheries Gulf Aquaculture permit in the past.

Yes No

If Yes, provide name and contact information for all person(s) who have applied for a permit in the past as well as the date the application was submitted to NOAA Fisheries.

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)

BUSINESS NAME (if applicable)	DATE APPLICATION SUBMITTED (MM/DD/YYYY)
	/ /

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)

BUSINESS NAME (if applicable)	DATE APPLICATION SUBMITTED (MM/DD/YYYY)
	/ /

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)

BUSINESS NAME (if applicable)	DATE APPLICATION SUBMITTED (MM/DD/YYYY)
	/ /

(D) Provide information for all shareholders who own or control **at least 10%** of the outstanding stock and the percentage of outstanding stock currently owned or controlled by each such shareholder.

Name (First, Last, Middle)	Street Address	City, State, Zip	Percentage of Stock Owned
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

8) _____
9) _____
10) _____

(E) Does the transferee or any shareholder, director, partner, or officer own an interest, either directly or beneficially, in any other Gulf offshore aquaculture venture?

Yes No N/A

If Yes, provide the following information for each person(s).

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMIT NUMBER FOR OTHER VENTURE	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMIT NUMBER FOR OTHER VENTURE	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMIT NUMBER FOR OTHER VENTURE	RELATIONSHIP TO VENTURE
<input type="text"/>	<input type="text"/>

(F) Has the transferee or any shareholder, director, partner, or officer listed in **part D** above ever been arrested, indicted, convicted of, or adjudicated to be responsible for any violation of marine resources or environmental protection law, whether state or federal?

Yes No

If Yes, provide the information for each person(s). Include additional sheets with this information, if needed.

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF VIOLATION (MM/DD/YYYY)	TYPE OF VIOLATION
<input type="text"/>	<input type="text"/>

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., II, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF VIOLATION (MM/DD/YYYY)	TYPE OF VIOLATION
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Provide all information for each vessel to be used for transport, harvest, transfer, or sale of cultured animals. Attach a copy of the valid, unexpired USCG Certificate of documentation (or valid state registration if not documented) for each vessel listed. Also provide documentation or identification numbers for any aircraft or vehicles involved.

VESSEL #1

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED)	VESSEL NAME	LENGTH	TOT.HORSEPOWER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOMEPORT CITY AND STATE	PORT OF LANDING CITY AND STATE	HOLD CAP. (TONS)	LIVE WELL CAP.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VESSEL #1 OWNER INFORMATION

CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)	HOME or BUSINESS TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SOCIAL SEC. or PERMANENT RESIDENT ALIEN ID	DATE OF BIRTH (MM/DD/YYYY)	FEDERAL ID # (FEIN) if a BUSINESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

VESSEL #2

USCG DOC. NUMBER (STATE REG IF NOT DOCUMENTED)	VESSEL NAME	LENGTH	TOT.HORSEPOWER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOMEPORT CITY AND STATE	PORT OF LANDING CITY AND STATE	HOLD CAP. (TONS)	LIVE WELL CAP.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VESSEL #2 OWNER INFORMATION

CHECK ONE: INDIVIDUAL BUSINESS

NAME (FIRST, MIDDLE, LAST, SUFFIX or BUSINESS)	HOME or BUSINESS TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

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MAILING ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SEC. or PERMANENT RESIDENT ALIEN ID	DATE OF BIRTH (MM/DD/YYYY)	FEDERAL ID # (FEIN) if a BUSINESS	

5. CERTIFICATION OF REMOVAL

I _____ certify that I will remove all components of the aquaculture facility, including cultured animals remaining in allowable aquaculture systems from the Gulf EEZ if it is discovered that the organisms are genetically engineered or transgenic, that a World Organization of Animal Health (OIE)-reportable pathogen or pathogen identified as reportable in the National Aquatic Animal Health Plan is found at the facility, or there are any other violations of the permit conditions or regulations which causes NOAA Fisheries to order such removal.

6. ADDITIONAL INFORMATION

- The following information **must** be submitted with the request for transfer:
1. The original Gulf Aquaculture permit. The transferor must sign the back of the permit and have the signed transfer document notarized.
 2. Copy of the signed bill of sale for the aquaculture facility or equivalent acquisition papers.
 3. Copy of a notarized written agreement signed and dated by the transferor and transferee which specifies who is assuming the responsibilities and liabilities associated with the Gulf Aquaculture permit and the aquaculture facility, including all the terms and conditions associated with the original issuance of the Gulf Aquaculture permit.
 4. The transferor must sign the back of the original Gulf Aquaculture permit and have the signed transfer document notarized.

7. PERMIT CONDITIONS

1. An annual fee of \$1,000.00 must be received by NMFS by January 31 of each year for permits to remain active. Fees may change slightly each year.

2. All applicable permit requirements and conditions must be satisfied prior to a permit transfer, including any necessary updates, e.g., updates regarding required certifications, legal responsibility for assurance bond, other required permits, etc.
3. Final transfer of a Gulf Aquaculture permit will occur only after NOAA Fisheries provides official notice to both parties that the transferee is eligible to receive the permit and that the transfer is otherwise valid.
4. A Gulf Aquaculture permit that is altered, erased, or mutilated is invalid. A replacement Gulf Aquaculture permit may be issued. An application for a replacement permit is not considered a new application.
5. The Gulf Aquaculture permit must be prominently displayed and available at the aquaculture facility. In addition, the aquaculture facility's permit (if the fish have not yet been purchased by a dealer), must accompany each vehicle that is used to receive fish harvested from an aquaculture facility in the Gulf EEZ. A vehicle operator must present the permit or a copy for inspection upon the request of an authorized officer.
6. An aquaculture facility owner who has been issued a permit must notify the Regional Aquaculture Coordinator within 30 days after any change in the application information specified in 50 CFR 622.101(d)(11). **The permit is void if any change in the information is not reported within 30 days.**
7. The transferee must comply with all other operational, monitoring, recordkeeping, and reporting requirements as outlined in subpart F of 50 CFR part 622. Forms and associated guidance for these requirements can be found at: (website to be determined).
8. A Gulf Aquaculture permit may be revoked, suspended, or modified, and such permit applications may be denied, in accordance with the procedures governing enforcement-related permit sanctions and denials found at subpart D of 15 CFR part 904.

8. SIGNATURE

I hereby declare under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

TRANSFEEE SIGNATURE	DATE SIGNED (MM/DD/YYYY)
	/ /

PRINTED NAME	POSITION IN COMPANY

**Mail the completed form to:
 NMFS Permits Office (F/SER14), Attn: Regional Aquaculture Coordinator,
 263 13th Avenue South, St. Petersburg, FL 33701.**

Public reporting burden for this collection of information is estimated to average 3 hours 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 other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. 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.

Instructions for the Request for Transfer of Gulf Aquaculture Permit

1. Complete all sections of this application form. Incomplete or illegible applications will be returned.
2. Mail the completed request for transfer and all requiring supporting documentation to: **NMFS Permits Office (F/SER14), Attn: Regional Aquaculture Coordinator, 263 13th Avenue South, St. Petersburg, FL 33701.**

APPLICATION SECTION 2 Eligibility for a Gulf Aquaculture permit is limited to U.S. citizens as defined in the Immigration and Nationality Act of 1952, as amended, and permanent resident aliens lawfully accorded the privilege of residing permanently in the U.S. in accordance with U.S. immigration laws.

APPLICATION SECTION 3 Include a copy of the Articles of Incorporation or Certificate of Limited Partnership or documentation of the formation of a General Partnership, if applicable.

APPLICATION SECTION 4 Provide a copy of the valid USCG certificate of documentation or, if not documented, a copy of the valid state registration certificate for each vessel as well as documentation or identification numbers for any aircraft or used to transport, harvest, transfer, or sale of cultured species at the approved site.

APPLICATION SECTION 8 The transferee must sign and date this section for the request for transfer to be considered complete.