

**U.S. Department of Commerce, NOAA**  
 NMFS PERMITS OFFICE, F/SER14  
 263 13th Avenue South  
 St. Petersburg, FL 33701  
 Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)  
 727-824-5326 (8:00 a.m. - 4:30 p.m. ET)  
 Permits.sero.nmfs.noaa.gov



# FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

**FOR OFFICE USE ONLY**  
Application ID

**FOR OFFICE USE ONLY**

Reviewer Initials and date	
Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
Non Compliance Hold date	
Non Compliance Cleared Date	
Expiration date	

Application Fees: New: \$175  Renewal: \$31

## SECTION 1 - SITE INFORMATION

**If applying to obtain a permit for an existing deposition site** (You need not fill in the other fields within the Site Information section.)

Provide the SITE NUMBER (as assigned by NMFS) of the existing site in this box.  Check here if material was deposited on the site during the period of time the last permit for this site was valid.

**If applying to obtain a permit for a new deposition site:**

Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point  Longitude Center Point

Method of determining latitude and longitude GPS  DGPS  Radius ( not to exceed 117.75 feet )  Ft.

This site is located off the state of:  Minimum depth of water over the site at mean low water - reported in feet.  Ft.

## SECTION 2 - VESSEL INFORMATION

<p><b>Official Number From USCG Certificate Of Documentation</b> <input type="text"/></p> <p><b>Vessel Name</b> <input type="text"/></p> <p><b>Hull Identification Number</b> <input type="text"/></p> <p><b>Hailing Port City</b> <input type="text"/></p> <p><b>Hailing Port County Or Parish</b> <input type="text"/> <b>Hailing Port State</b> <input type="text"/></p> <p><b>Port of Landing City</b> <input type="text"/> <b>Port of Landing State</b> <input type="text"/></p> <p style="text-align: center;"><b>USCG DOCUMENTED VESSELS ONLY</b></p> <p><b>Gross Tons</b> <input type="text"/> <b>Net Tons</b> <input type="text"/></p> <p><b>International Maritime Organization (IMO) Number</b> As applicable (see instructions) <input type="text"/></p>	<p><b>State Registration Number (as applicable)</b> <input type="text"/></p> <table border="1" style="width: 100%;"> <tr> <td><b>Year Built</b></td> <td><b>Length (ft)</b></td> <td><b>Total Horsepower</b></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p><b>Crew Size - Including the Captain</b> <input type="text"/></p> <p><b>HOLD or FISH BOX CAPACITY:</b> How many pounds of product can you bring to the dock when full? <input type="text"/></p> <p><b>LIVE WELL CAPACITY:</b> How many gallons of water does your live well hold? <input type="text"/></p> <table border="1" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><b>Hull Material</b></p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER</p> </td> <td style="vertical-align: top;"> <p><b>Fuel Data</b></p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER (DESCRIBE)</p> </td> <td style="vertical-align: top;"> <p><b>Fuel Capacity - Total Gallons</b></p> <p><input type="text"/></p> </td> </tr> </table>	<b>Year Built</b>	<b>Length (ft)</b>	<b>Total Horsepower</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><b>Hull Material</b></p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER</p>	<p><b>Fuel Data</b></p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER (DESCRIBE)</p>	<p><b>Fuel Capacity - Total Gallons</b></p> <p><input type="text"/></p>
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<input type="text"/>	<input type="text"/>	<input type="text"/>								
<p><b>Hull Material</b></p> <p><input type="checkbox"/> FIBERGLASS</p> <p><input type="checkbox"/> STEEL</p> <p><input type="checkbox"/> WOOD</p> <p><input type="checkbox"/> CEMENT</p> <p><input type="checkbox"/> OTHER</p>	<p><b>Fuel Data</b></p> <p><input type="checkbox"/> DIESEL</p> <p><input type="checkbox"/> GASOLINE</p> <p><input type="checkbox"/> OTHER (DESCRIBE)</p>	<p><b>Fuel Capacity - Total Gallons</b></p> <p><input type="text"/></p>								

**SECTION 3.1 - PERSON PERMIT HOLDER INFORMATION**

**Section 3.1.a: Primary or Sole Permit Holder:** Complete this section if there is one person that is the permit holder. Select only ONE mailing recipient.

Sole Owner  Co-Owner  Percent of Ownership

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a** Check here if you would like to receive digital updates (texts & emails). Provide your digital contact information below.   
 Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <input type="text"/>	Digital contact information (number and provider): <input type="text"/>
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**Section 3.1.b: Joint Permit Holder.** Complete this section if the permit will be held by more than one person. Copy this page as needed to include ALL permit holders.

Co-Owner  Percent of Ownership

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4b** Check here if you would like to receive digital updates (texts & emails). Provide your digital contact information below.   
 Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <input type="text"/>	Digital contact information (number and provider): <input type="text"/>
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## SECTION 3.2 –BUSINESS PERMIT HOLDER INFORMATION

**Section 3.2.a: Primary or Sole Permit Holder:** Complete this section if there is one business that is the permit holder. *Co-Ownership percentage must add up to 100% Select only ONE mailing recipient.*

Sole Owner  Co-Owner  Percent of Ownership

Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:  S Corporation  Cooperative  
 C Corporation  Limited Liability Co.  Other

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Email Address

Tax ID Number (FEIN)  Date Business Formed (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)  Apt #  City  State  County/Parish  Zip Code  Country

Email  Digital contact information (number and provider):

**Section 4b: Joint Permit Holder:** Complete this section if there is another business that will be a joint-permit holder. *Co-Ownership percentage must add up to 100% Copy this page as needed to include ALL business permit holders.*

Co-Owner  Percent of Ownership

Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:  S Corporation  Cooperative  
 C Corporation  Limited Liability Co.  Other

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Email Address

Tax ID Number (FEIN)  Date Business Formed (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)  Apt #  City  State  County/Parish  Zip Code  Country

Email  Digital contact information (number and provider):

## SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

**Section 4a: Primary or Sole Owner:** Complete this section if there is one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. *Co-Ownership percentage must add up to 100% Select only ONE mailing recipient.*

Sole Owner  Co-Owner  Percent of Ownership

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a** Check here if you would like to receive digital updates (texts & emails). Provide your digital contact information below.

Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email  Digital contact information (number and provider):

**Section 4b: Joint Owner.** Complete this section if there is more than one person shown on the USCG documentation, State Registration or title as the registered owner of the vessel. *Co-Ownership percentage must add up to 100% Copy this page as needed to include ALL owners of the*

Co-Owner  Percent of Ownership

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4b** Check here if you would like to receive digital updates (texts & emails). Provide your digital contact information below.

Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email  Digital contact information (number and provider):

**SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION - Continued**

**Section 4c: Business Type:** Mark the business that BEST DESCRIBES the individual or individuals listed in section 4:

Sole Proprietorship                       Partnership

**SECTION 5 –BUSINESS VESSEL OWNER(S) INFORMATION**

**Section 5a: Primary or Sole Owner:** Complete this section if there is one business shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Co-Ownership percentage must add up to 100% Select only ONE mailing recipient.*

Sole Owner       Co-Owner       Percent of Ownership       Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:  S Corporation       Cooperative  
 C Corporation       Limited Liability Co.       Other

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

**Registered Name of Business**       **Email Address**

**Tax ID Number (FEIN)**       **Date Business Formed (MM/DD/YYYY)**       **Area Code**       **Phone Number**

**Mailing Address**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Check box if the Physical Address is the same as the mailing address.**

**Physical Address (PO Box not acceptable)**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Email**       **Digital contact information (number and provider):**

**Section 5b: Joint Owner:** Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel. *Co-Ownership percentage must add up to 100% Copy this page as needed to include ALL business owners of the vessel.*

Co-Owner       Percent of Ownership       Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:  S Corporation       Cooperative  
 C Corporation       Limited Liability Co.       Other

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

**Registered Name of Business**       **Email Address**

**Tax ID Number (FEIN)**       **Date Business Formed (MM/DD/YYYY)**       **Area Code**       **Phone Number**

**Mailing Address**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Check box if the Physical Address is the same as the mailing address.**

**Physical Address (PO Box not acceptable)**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Email**       **Digital contact information (number and provider):**

**Minor Shareholder Information:** In this section, mark the minor shareholder box only if one or more shareholders individually hold shares that are less than 1% of the total business shares. Major Shareholders and Company officers **must** be listed in section 6

**MINOR SHAREHOLDERS - Check here**                       **TOTAL PERCENTAGE** of the business shares held by minor shareholder(s)

**SECTION 6 - OFFICER/SHAREHOLDER INFORMATION FOR BUSINESSES**

**This page must be filled out if the permit holder(s) and/or the owner(s) of the vessel is a business.** *The shareholder percentages for section 6 must total 100%. Copy this page as necessary to provide information on all persons that are officers/shareholders of the business(es).*

Business name

Federal Tax ID Number

**For a company** - provide the Business Name in last name box and FEIN in SSN box. Provide the date the Business was formed with the Secretary of State in the Date of Birth box

Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Other/Shareholder

Percent of Business Owned

Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex?  Male  Female

Are you of Hispanic, Latino, or Spanish origin?  Yes  No

What is your race? (Check all that apply)  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax ID Number (SSN), or if a Business (FEIN) Date of Birth (MM/DD/YYYY) Area Code Phone Number

Mailing Address Apt # City State County/Parish Zip Code

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code

Email  Digital contact information (number and provider):

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Other/Shareholder

Percent of Business Owned

Is this person a United States Citizen or permanent resident alien?  YES  NO

What is your Sex?  Male  Female

Are you of Hispanic, Latino, or Spanish origin?  Yes  No

What is your race? (Check all that apply)  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax ID Number (SSN), or if a Business (FEIN) Date of Birth (MM/DD/YYYY) Area Code Phone Number

Mailing Address Apt # City State County/Parish Zip Code

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code

Email  Digital contact information (number and provider):

Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

## SECTION 7—SMALL BUSINESS CERTIFICATION

Please use the following tool to determine if you are classified as a small business and check the appropriate box(es) below.

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses). As part of the required analyses, NMFS must determine if permit owners are big or small entities according to standards established by the Small Business Administration (SBA) or NMFS. Only one standard applies to each entity. For businesses, the standard is based on their primary North American Industry Classification System (NAICS) code, which indicates the industry the business is primarily engaged in. The SBA also has established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

- We are a small organization that is a nonprofit enterprise that is independently owned and operated and is not dominant in its field.
- We are a business primarily involved in harvesting seafood (NAICS 114111, 114112, or 114119) that is independently owned and operated, not dominant in its field of operation (including its affiliates), and has total annual gross receipts less than \$11 million for all its affiliated operations worldwide.
- We are a business primarily involved in providing for-hire (charter, party/headboat) fishing services (NAICS 487210) that has total annual gross receipts less than \$7.5 million for all its affiliated operations worldwide.
- We are a business primarily involved in buying and selling seafood (NAICS 424460) that is independently owned and operated, not dominant in its field of operation, and employs 100 or fewer persons on a full time, part time, temporary, or other basis, at all its affiliated operations worldwide.
- Our business primarily involved in processing seafood (NAICS 311710). it is independently owned and operated, not dominant in its field of
- Our business is primarily involved in some other industry. Please refer to SBA's list of size standards by NAICS code (see [https://www.sba.gov/sites/default/files/files/Size\\_Standards\\_Table.xlsx](https://www.sba.gov/sites/default/files/files/Size_Standards_Table.xlsx)) to determine if your business is small.
- YES, we marked one of the above boxes and we are a small business or organization.
- NO, we did not mark one of the above boxes and are a big business or organization.

If you have any questions about these standards or the definition of affiliation, please contact Mike Travis, SERO Economist, at [mike.travis@noaa.gov](mailto:mike.travis@noaa.gov) or call 727-209-5982.

## SECTION 8—APPLICANT SIGNATURE — I certify that the information provided is complete and correct.

Applicant Signature  Date Signed

Printed Name  Position in Company

Public reporting burden for this collection of information is estimated to average 21 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 suggestions for reducing this burden to PRA Officer, Permits Branch, 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. Name and address information will be released via a NOAA Fisheries website. 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.