OMB Control Number 0648-0205; Expiration date 04/30/2017

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)



FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

ermits.sero.nmfs.noaa.gov		FOR OFFICE USE ONLY		USE ONLY			
		Reviewer Initia	als and date				
		Check or Mon Number and A	ey Order imount				
		Sanction Case Sanctioned	Number if				
		Non Complian	ce Hold date				
		Non Complian	ce Cleared Date				
FOR OFFICE USE ONLY		Expiration dat	e				
Application ID		Application Fe	es: New: \$175	Renewal: \$31			
SECTION	1 - SITE INFORM	IATION					
If applying to obtain a permit for an existing depos	ition site (You need	not fill in the other	er fields within the	Site Information section.)			
Provide the SITE NUMBER (as assigned by NMFS) of the existing site in this box.	Che the	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							
Latitude and Longitude must be reported as Degrees-Minutes			2.123 N 085-45.4	56 W)			
Latitude Center Point	Longitude (Center Point					
Method of determining latitude and longitude GPS	DGPS	Radius (not t	to exceed 117.75	feet) Ft.			
This site is located off the state of:	Minimun low wate	n depth of water r - reported in fe	over the site at eet.	mean Ft.			
SECTION 2	- VESSEL INFOR	MATION					
Official Number From USCG Certificate Of Documentation	State Registra	tion Number (as a	pplicable)				
Vessel Name			L (6)	Total Hayranayay			
Vessel Name	Year Built	Lengt	n (π)	Total Horsepower			
Hull Identification Number		Crew Size - Includi	ng the Cantain				
Hailing Port City		BOX CAPACITY: Hou bring to the doc	ow many pounds on the control of the	of			
Hailing Port County Or Parish Hailing Port State	LIVE WELL CAI does your live	PACITY: How many well hold?	gallons of water				
Port of Landing City Port of Landing State	te Hull Mate	· <u></u>	Fuel Data DIESEL	Fuel Capacity - Total Gallons			
Gross Tons Net Tons International Maritime Organization (IMO) Number	WOOD	т	GASOLINE OTHER (DESCRIBE)				
As applicable (see instructions)	OTHER						

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 Check here if you would you like to receive MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a digital updates (texts & emails). Provide your digital contact information below. Is this person a United States Citizen or permanent resident alien? YES NO Are you of Hispanic, Latino, or Spanish origin? What is your Sex? Male Female No Yes American Indian or Alaska What is your White Native Hawaiian or Other Pacific Islander Native race? (Check Black or African American Other Asian American all that apply) First Name Middle Name **Last Name** Suffix - Jr, Sr, etc. 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 **Mailing Address** Apt # City State County/Parish Zip Code Country Check box if the Physical Address is the same as the mailing address. Apt # Physical Address (PO Box not acceptable) County/Parish Zip Code Country State Digital contact information **Email** (number and provider): 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. Percent of Ownership Co-Owner MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4b Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below. Is this person a United States Citizen or permanent resident alien? What is your Sex? Are you of Hispanic, Latino, or Spanish origin? Male Female American Indian or Alaska What is your White Native Hawaiian or Other Pacific Islander Native race? (Check Black or African American Asian American Other all that apply) **Last Name First Name** Middle Name Suffix - Jr, Sr, etc. Tax ID Number (SSN) Date of Birth (MM/DD/YYYY) Area Code **Phone Number** County/Parish **Mailing Address** Apt # City State Zip Code Country Check box if the Physical Address is the same as the mailing address. Physical Address (PO Box not acceptable) Apt# County/Parish Zip Code Country State Digital contact information **Email** (number and provider):

SECTION 3.2 –BUSINESS PERMIT HOLDER INFORMATION

Sole Owner	Co-Owner	Percer	nt of Owner	ship		digital update	you would you les (texts & emails tinformation be	s).Provide your ഥ
1 ype 01	oration	Cooperative	_			algital contac		
business: C Corp	oration	Limited Liability	Co.	Other				
MAILING RECIPIE	NT - All mail abou	ıt this permit w	ill go to the	business liste	ed in Se	ction 5a		
Registered Name of B	usiness							
				Email Addres	ss			
Tax ID Number (FEIN)		Date Bu	siness Form	ned (MM/DD/	YYYY)	Area Code	Phone Num	ber
Mailing Address			# City		State	County/Par	ish Zip Code	Country
						 		
Check box if the F	-		_	address.				_
Physical Address (PO	Box not acceptabl	le) Apt #	City		State	County/Par	ish Zip Code	Country
Email				I contact infor				
			(numl	per and provid	er):			
rcentage must add up	Holder: Complete to 100% Copy thi	this section if t	here is ano ed to includ	ther business de ALL busines	that wil s permi	t holders. Check her digital upo	e if you would yo lates (texts & em	ou like to receive nails). Provide your
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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. Percent of Ownership Sole Owner Co-Owner Check here if you would you like to receive MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a digital updates (texts & emails). Provide your digital contact information below. Is this person a United States Citizen or permanent resident alien? What is your Sex? Are you of Hispanic, Latino, or Spanish origin? Male No Female Yes American Indian or Alaska What is your Native Hawaiian or Other Pacific Islander race? (Check Black or African American Asian American Other all that apply) Middle Name Suffix - Jr, Sr, etc. **Last Name First Name** 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 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) County/Parish Apt # City State **Zip Code** Country Digital contact information **Email** (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 Percent of Ownership Co-Owner MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4b Check here if you would you like to receive digital updates (texts & emails). Provide Is this person a United States Citizen or permanent resident alien? YES NO your digital contact information below. What is your Sex? Male Are you of Hispanic, Latino, or Spanish origin? Female Yes No American Indian or Alaska What is your White Native Hawaiian or Other Pacific Islander Native race? (Check Black or African American Asian American Other all that apply) Middle Name **First Name** Suffix - Jr, Sr, etc. **Last Name** 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 **Mailing Address** City State County/Parish Zip Code Apt # 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 Digital contact information **Email** (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. Check here if you would you like to receive Sole Owner Percent of Ownership Co-Owner digital updates (texts & emails). Provide your digital contact information below. S Corporation Cooperative Type of business: Other C Corporation Limited Liability Co. 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** State County/Parish Zip Code Country Apt # City Check box if the Physical Address is the same as the mailing address. Physical Address (PO Box not acceptable) Apt # City County/Parish Zip Code State Country Digital contact information **Email** (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. Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below. Co-Owner Percent of Ownership S Corporation Cooperative Type of business: Other C Corporation Limited Liability Co. 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) **Phone Number** Area Code **Mailing Address** County/Parish Apt # City State 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 Digital contact information **Email** (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 TOTAL PERCENTAGE of the business shares held MINOR SHAREHOLDERS - Check here 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 Check here if you would you like to receive digital updates (texts & emails). Provide your 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 digital contact information below. Position Held - Check ALL That Apply President/CEO Vice President Director/ Manager Other/Shareholder Secretary Treasurer Is this person a United States Citizen or permanent resident alien? YES NO **Percent of Business Owned** What is your Sex? Are you of Hispanic, Latino, or Spanish origin? Male Female No American Indian or Alaska What is your Native Hawaiian or Other Pacific Islander White Native race? (Check Black or African American Asian American all that apply) Middle Name **Last Name First Name** Suffix - Jr, Sr, etc. Tax ID Number (SSN), or if a Business (FEIN) Date of Birth (MM/DD/YYYY) **Area Code Phone Number** County/Parish **Mailing Address** Apt # City State **Zip Code** Check box if the Physical Address is the same as the mailing address. Physical Address (PO Box not acceptable) County/Parish Zip Code Apt # City State Digital contact information **Email** (number and provider): Check here if you would you like to receive digital updates (texts & emails). Provide **Position Held - Check ALL That Apply** your digital contact information below. Secretary President/CEO Vice President 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? Are you of Hispanic, Latino, or Spanish origin? Male Female No American Indian or Alaska What is your White Native Hawaiian or Other Pacific Islander Native race? (Check Black or African American Asian American all that apply) Middle Name **First Name** Suffix - Jr, Sr, etc. **Last Name** 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. County/Parish Physical Address (PO Box not acceptable) Apt # City Zip Code State Digital contact information **Email** (number and provider):

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.

001101010101110	the power to control soun							
We are	a small organization that is a nonprofit enterprise that is independently owned	and operated and is not dominant in its field.						
domina	e are a business primarily involved in harvesting seafood (NAICS 114111, 114112, or 114119) that is independently owned and operated, not minant in its field of operation (including its affiliates), and has total annual gross receipts less than \$11 million for all its affiliated operations orldwide.							
We are gross re	a business primarily involved in providing for-hire (charter, party/headboat) fishing services (NAICS 487210) that has total annual ceipts less than \$7.5 million for all its affiliated operations worldwide.							
We are its field wide.	are a business primarily involved in buying and selling seafood (NAICS 424460) that is independently owned and operated, not dominant in eld of operation, and employs 100 or fewer persons on a full time, part time, temporary, or other basis, at all its affiliated operations world.							
Our bus	siness primarily involved in processing seafood (NAICS 311710). it is independen	ntly owned and operated, not dominant in its field of						
Our bus	siness is primarily involved in some other industry. Please refer to SBA's list of si	ize standards by NAICS code						
(see htt	rps://www.sba.gov/sites/default/files/files/Size_Standards_Table.xlsx) to determ	mine if your business is small.						
	YES, we marked one of the above boxes and we are a small business or	r organization.						
	NO, we did not mark one of the above boxes and are a big business or	organization.						
•	ny questions about these standards or the definition of affiliation, please contact noaa.gov or call 727-209-5982.	t Mike Travis, SERO Economist, at						
SECTION 8—A	PPLICANT SIGNATURE — I certify that the information pr	rovided is complete and correct.						
Applicant Signatur	re	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.