

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 APPLICATION FOR
 SOUTHEAST REGION ISSUED
 OPERATOR CARD**

<p>FOR OFFICE USE ONLY</p> <p>Application ID</p>

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Expiration Date	
Check or Money Order Number and Amount	

FEE: \$50.00 REPLACEMENT FEE: \$18.00

Application Fees are Non-Refundable. Make check or money order payable to the U.S. Treasury.

Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp permits are not valid unless the operator or a crew member holds a valid Operator Card when underway fishing for Dolphin, Wahoo and/or Rock Shrimp in the Atlantic EEZ. Illegible applications will be returned.

APPLICATION INSTRUCTIONS: Information is required for all blanks in Sections 1 & 2. Please list a number where you can be reached or a message left if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue, tape, paperclip or otherwise attach the photos to the application.

SECTION 1 - VESSEL OPERATOR (CARD OWNER) PERSONAL INFORMATION

Are you a United States Citizen or permanent resident alien? YES NO

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

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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 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 #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Email <input style="width: 95%;" type="text"/>	Digital contact information (number and provider): <input style="width: 95%;" type="text"/>
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SECTION 2 - VESSEL OPERATOR (CARD OWNER) IDENTIFYING INFORMATION

Birth Place (City, State, Country)

Weight (lbs)

Height (ft & in)

Sex

Eye Color

Hair Color

If you are clean shaven or balding, indicate your actual hair color.

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

<input type="checkbox"/>	Brown	<input type="checkbox"/>	Green
<input type="checkbox"/>	Blue	<input type="checkbox"/>	Hazel
<input type="checkbox"/>	Grey	<input type="checkbox"/>	Other

<input type="checkbox"/>	Brown	<input type="checkbox"/>	Blonde
<input type="checkbox"/>	Black	<input type="checkbox"/>	Red
<input type="checkbox"/>	Grey	<input type="checkbox"/>	Other
<input type="checkbox"/>	White		

SECTION 3 - SIGNATURE - REQUIRED

Applicant Signature

Print Name

Date

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, 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. Confidential 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.