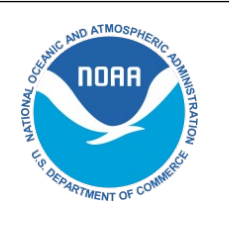
	IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS	United States Department of Commerce National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668 Telephone: (800) 304-4846 toll free or (907) 586-7202 Juneau Fax: (907) 586-7354	
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Use this form only to request **replacement** pot tags for lost, stolen, or mutilated tags. You cannot be issued more than the maximum number of pot tags authorized by sablefish regulatory area.

If you need additional a complete set of “new” pot tags, use the IFQ Sablefish Request for Longline Pot Gear Tags form.

BLOCK A – VESSEL OWNER INFORMATION

1. Vessel Owner Name:		2. NMFS ID:
3. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone No.	5. Business Fax No.	6. Business E-Mail Address:

BLOCK B -- VESSEL IDENTIFICATION

Identify the vessel to which pot tags identified in Block C are registered.

1. Vessel Name:	2. USCG Official Number:	3. ADF&G Registration Number:
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BLOCK C – IDENTIFICATION OF LOST, STOLEN, MUTILATED POT TAGS

Identify the pot tags to be replaced by area and serial number. Indicate the reason for the request for replacement.

1. List serial numbers for pot tags to be replaced by area:			
Area	Serial Numbers		
SEO			
WY			
CG			
WG			
2. Indicate Reason for Replacement Pot Tag Request: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED </div>			
3. Number of Replacement Longline Pot Tags Requested by Area:			
SEO (maximum tags = 120)	WY (maximum tags = 120)	CG (maximum tags = 300)	WG (maximum tags = 300)

BLOCK D – VESSEL OWNER SIGNATURE

Under penalties of perjury, I hereby declare that I, the undersigned, completed this request, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.

Vessel Owner Name (print):	Vessel Owner Signature:	Date Signed:

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, P.O. Box 21668 Juneau, AK 99802-1668.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject 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; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. All information collected is part of a Privacy Act system of records: NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries, published on April 17, 2008 (73 FR 20914).

INSTRUCTIONS
IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS

Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

A completed application may be submitted to NMFS:

By mail: NMFS, Alaska Region
Restricted Access Management (RAM)
PO BOX 21668
Juneau, AK 99802

By fax: (907)586-7354

In person: U.S. Federal Building
NOAA, NMFS Alaska Region
RAM
709 W. 9th Street, Room 713
Juneau, AK 99801

BLOCK A-VESSEL OWNER INFORMATION

1. Vessel Owner Name. Enter the full Name(s) of owner of the Vessel listed in Block B
2. NMFS ID. Enter your assigned NMFS ID, if you do not have one, one will be assigned to you
3. Business Mailing Address: Indicate whether address is permanent or temporary. Enter your complete business mailing address, including street or P.O. Box, city, state, and zip code. Your pot tags will be sent to this address, unless otherwise notified.
- 4-6. Business Telephone No., Fax No., and e-mail Address. Enter the business telephone number and business fax number including area code, and business e-mail address (if available) that are used by the vessel owner. It is very important that you provide a number where we can contact you, or where we can leave messages for you. If questions arise concerning your application, and we are unable to contact you, issuance of your pot tags will be delayed.

BLOCK B-VESSEL IDENTIFICATION

1. Enter the complete vessel name as displayed in the vessel's Certificate of Documentation
2. Enter the USCG Official Number
3. Enter State of Alaska, Department of Fish and Game (ADF&G) Registration Number

BLOCK C – IDENTIFICATION OF LOST, STOLEN OR MUTILATED POT TAGS

1. List serial numbers of pot tags to be replaced by sablefish regulatory area
2. Indicate the reason for the request for replacement pot tags
3. Enter the number of replacement pot tags requested for each area
4. Enter number of tags requested by area. Maximum tags is the maximum number of pot tags a vessel is authorized to register for the sablefish regulatory area listed. Pot tags can be replaced by submitting an IFQ Sablefish Request to Replace Longline Pot Gear Tags

BLOCK D – VESSEL OWNER SIGNATURE

The vessel owner or authorized representative must print their name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The request will be considered incomplete without this signature. If authorized representative, send complete authorization.