

NMFS NORTHEAST VESSEL MONITORING PROGRAM

FISHING VESSEL NAME: _____

NMFS FISHERIES PERMIT NUMBER: _____

COAST GUARD DOCUMENTATION OR STATE REGISTRATION NUMBER: _____

VMS MONITORING FOR (CIRCLE ALL THAT APPLY):

SCALLOP MULTISPECIES MONKFISH HERRING SURFCLAM/OCEAN QUAHOG

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As required by 50 CFR 648.10(e)(1)(ii) and (iii), the vessel owner must confirm the VMS unit operation and communications service to NMFS by calling the **Northeast** Office of Law Enforcement (OLE) at (978) 281-9213. This is necessary to ensure that position reports (and an activity declaration) are automatically sent to and received by NMFS OLE. Your vessel is not regarded as meeting the VMS requirements until connectivity with NMFS OLE is verified.

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PERMIT HOLDER: PLEASE COMPLETE THE FOLLOWING REQUESTED INFORMATION:

I CERTIFY THAT THE SUBJECT FISHING VESSEL HAS THE FOLLOWING NMFS NORTHEAST REGION-APPROVED VMS UNIT:

BOATRACS _____ SKYMATE _____ **GMPCS** _____ **CLS AMERICA** _____

INSTALLING DEALER NAME, ADDRESS AND TELEPHONE NUMBER:

DATE OF VESSEL INSTALLATION: _____

MODEL AND SERIAL NUMBER OF VMS UNIT: _____

VMS E-MAIL ADDRESS OF VESSEL: _____

IS THE VMS UNIT ACTIVATED ON THE VESSEL WITH THE CURRENT NE VMS SOFTWARE VERSION?

☐ YES ☐ NO

IS THE VMS UNIT READY TO RECEIVE AND SEND MESSAGES, INCLUDING NE FORMS?

☐ YES ☐ NO

IS THE VESSEL OWNER TRAINED ON THE USE OF THE VMS UNIT BY THE VMS VENDOR?

☐ YES ☐ NO

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I understand that the VMS unit must remain connected to the VMS vendor listed above at all times. I also understand that I am subject to the provisions and requirements of 50 CFR §648.9 AND §648.10 regarding the use of VMS. I have received instructions from the VMS vendor listed

above and understand how to operate the VMS unit.

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PERMIT HOLDER'S NAME (printed):

PERMIT HOLDER'S SIGNATURE: _____ DATE:

SEND THIS ORIGINAL COMPLETED FORM TO:

NOAA FISHERIES
NE OFFICE OF LAW ENFORCEMENT
55 GREAT REPUBLIC DRIVE
GLOUCESTER, MA 01930
ATTN: **NE** VMS PROGRAM

or fax to 1-978-281-9317

OMB# 0648-0202

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Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or suggestions for reducing this burden to: **John K. Bullard**, Regional Administrator, Northeast Region, NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2276; and to Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The information will be used in the management of the Atlantic sea scallop, Northeast multispecies, monkfish, herring and surfclam/ocean quahog fisheries by ensuring compliance with VMS regulations listed under 50 CFR §648.9 and §648.10 (b). Notwithstanding any other provision of the 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. Any information submitted by any person to obtain a permit is not confidential, and may be disclosed upon request.