Revised: 05/11/2016 OMB Control Number 0648-0731, Expiration Date: xx/xx/xxxx

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|  | **Request for Full**  **Observer Coverage** | NOAA/National Marine Fisheries Service (NMFS)  Alaska Region  Sustainable fisheries Division (SF)  P.O. Box 21668  Juneau, Alaska 99802-1668  Telephone: 1-(800) 304-4846 #3 toll free or  (907) 586-7228 | http://home.nmfs.noaa.gov/ocioweb/webguide/cdprint/images/logo-noaa.gif |

**SUBMIT ONLINE ONLY THROUGH ODDS**

**(**[**http://odds.afsc.noaa.gov**](http://odds.afsc.noaa.gov)**)**

**File annually by October 15 of the year prior to fishing activity.**

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| NMFS will provide notification of approval or denial. | | | | | | |
| ***REQUEST ACKNOWLEDGEMENT*** | | | | | | |
|  | 1. By marking this box, I verify that the vessel named in **Block B** is eligible to be placed in the observer full coverage category as described at 50 CFR part 679.51; and I request this vessel be placed in the full observer coverage category for the fishing year indicated in Box 2. | | | | | 2. Fishing Year: |
|  |
| ***BLOCK A -- OWNER INFORMATION*** | | | | | | |
| 1. Owner Name: | | | 2. Company Name (*if any*): | | | |
| 3. Business Mailing Address: | | | | | | |
| 4. Business Telephone Number: | | 5. Business Fax Number: | | | 6. Business E-Mail Address: | |
| ***BLOCK B -- VESSEL INFORMATION*** | | | | | | |
| 1. Vessel Name: | | | | 2. Federal Fisheries Permit Number: | | |
| ***BLOCK C – APPLICANT CERTIFICATION*** | | | | | | |
| *Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.* | | | | | | |
| 1. Applicant Name (*please print or type*) | | | | | | |
| 2. Signature: | | | | 3. Date: | | |

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***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 5 minutes per paper response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, 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 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.) as amended by Public Law 109-479; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order

216-100, which sets forth procedures to protect confidentiality of fishery statistics.

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