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 sero.nmfs.noaa.gov/permits



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

## FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

**FOR OFFICE USE ONLY**

Application ID

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Permit Check or Money Order Number and Amount	
Floy Tag Check or Money Order Number and Amount	
Sanctioned Case Number if Sanctioned	
Non Compliance Hold Date	
Non Compliance Cleared Date	
Expiration Date(s)	

**REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.**

### SECTION 1 - VESSEL INFORMATION

**Official Number From USCG Certificate Of Documentation (If the vessel is documented)**

**Year Built**

**Length (ft)**

**Total Horsepower**

**State Registration Number (as applicable)**

**Crew Size—Including the Captain, but not including passengers.**

**Vessel Name**

**HOLD or FISH BOX CAPACITY:** How many pounds of product can you bring to the dock when full?

**Hull Identification Number (HIN)**

**Hull Material**

FIBERGLASS

STEEL

WOOD

CEMENT

OTHER

\_\_\_\_\_

**Fuel Data**

DIESEL

GASOLINE

OTHER (DESCRIBE)

\_\_\_\_\_

**Fuel Capacity - Total Gallons**

**Product Storage (check all that apply)**

ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER,

FREEZER

LIVE WELL

**Hailing Port City**

**Hailing Port County Or Parish**      **Hailing Port State**

**USCG DOCUMENTED VESSELS ONLY**

**Gross Tons**      **Net Tons**

**International Maritime Organization (IMO) Number**  
As applicable (see instructions)

**Passenger Capacity Data For Charter Vessels/Headboats Only**

UNISPECTED VESSEL - "6-PACK"

USCG INSPECTED VESSEL: Specify Passenger Capacity as listed on the USCG Certificate of Inspection, not including Capt. and Crew.

**This vessel is used MOSTLY for**

Commercial

Charter

Headboat

**For Shark and Swordfish Directed and Incidental Permit Applicants Only: Does your vessel fish with, or carry onboard, either longline or gillnet gear?**

Yes       No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".

**SECTION 2 - OPEN ACCESS PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee is \$25.00 for the first permit and \$10.00 for each additional permit or endorsement requested on this application. A separate decal is now required for each Gulf of Mexico charter/headboat permit. The fee is \$10 per decal per permit. The fee schedule is found with the Gulf of Mexico Charter/headboat permit requests on page 3.

**FEE SCHEDULE FOR PERMITS AND ENDORSEMENTS:**

Permit: 1: \$25 2: \$35 3: \$45 4: \$55 5: \$65 6: \$75 7: \$85 8: \$95 9: \$105 10: \$115 11: \$125 12: \$135

**INSTRUCTIONS:** Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

**OPEN ACCESS COMMERCIAL PERMITS**

**NEW                  RENEW**

ATLANTIC DOLPHIN/WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT) You must have an LC permit OR provide your FL SPL information below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROCK SHRIMP - CAROLINAS ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF ROYAL RED SHRIMP ENDORSEMENT (GRRS) You must have a valid Gulf of Mexico Shrimp permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMS COMMERCIAL CARIBBEAN SMALL BOAT PERMIT (CCSB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOOTH HOUND SHARK (SHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPEN ACCESS CHARTER/HEADBOAT PERMITS**

**NEW                  RENEW**

ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLANTIC CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPINY LOBSTER INCOME QUALIFICATION AFFIDAVIT**

An Income Qualification Affidavit is required with each application: "50CFR622.400 An applicant must provide the following information: (vi) A sworn statement by the applicant for a vessel permit certifying that at least 10 percent of his or her earned income was derived from commercial fishing, that is, sale of the catch, during the calendar year preceding the application. " Knowingly supplying false information or willfully overvaluing any fishing income for the purpose of obtaining a permit is a violation of Federal law punishable by a fine and/or imprisonment. The affidavit below fulfills this requirement to obtain a Spiny Lobster Permit

The following information applies to my income qualification for the Spiny Lobster fishery:

I, \_\_\_\_\_, hereby declare under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001; 16 USC 1857). I agree to provide the necessary documentation to prove that I met the earned income requirement when so requested by the National Marine Fisheries Service.

Executed on \_\_\_\_\_ (date signed). Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Business Name (if Applicable) \_\_\_\_\_ Type of business (if Applicable) \_\_\_\_\_

Position In Business (if Applicable) \_\_\_\_\_

**FOR LOBSTER TAILING PERMIT APPLICANTS ONLY**

**LOBSTER TAILING APPLICANTS:** To obtain a lobster tailing permit you must possess a Florida Saltwater Products License (SPL) with Restricted Species and Crawfish endorsements. If you do not have a Florida SPL with Restricted Species and Crawfish Endorsements, you must possess or simultaneously obtain a valid Federal Spiny Lobster (LC) permit.

*You must provide a copy of your Florida SPL if you do not have a Federal Spiny Lobster (LC) permit*

Saltwater Products License Number   
 Saltwater Products License Expiration Date

Crawfish Endorsement Number

**SECTION 3 - LIMITED ACCESS/MORATORIUM PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. Please refer to the fee schedule in section 2 of the application.,

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

<b>LIMITED ACCESS COMMERCIAL PERMITS</b>	<b>PERMIT NUMBER</b>	<b>TRANSFER</b>	<b>RENEW</b>
KING MACKEREL (KM)			
GILLNET FOR KING MACKEREL (GN)			
GULF OF MEXICO SHRIMP (SPGM)			
GULF OF MEXICO COMMERCIAL REEF FISH (RR)			
EASTERN GULF OF MEXICO REEF FISH BOTTOM LONG LINE ENDORSEMENT (RRLE)			
ROCK SHRIMP (SOUTH ATLANTIC EEZ) (RSLA)			
SOUTH ATLANTIC GOLDEN CRAB (GC)			
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1)			
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2)			
SOUTH ATLANTIC SEA BASS POT ENDORSEMENT (SBPE)			
SOUTH ATLANTIC GOLDEN TILEFISH ENDORSEMENT (GTFE)			
SWORDFISH DIRECTED (SFD)			
SWORDFISH HANDGEAR (SFH)			
SWORDFISH INCIDENTAL (SFI)			
SHARK DIRECTED (SKD)			
SHARK INCIDENTAL (SKI)			
ATLANTIC TUNA LONGLINE (ATL) Must have either SFI or SKI and either SFD or SKD			

<b>LIMITED ACCESS CHARTER/HEADBOAT PERMITS</b>	<b>PERMIT</b>	<b>TRANSFER</b>	<b>RENEW</b>
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Fee Schedule for Charter Decals: 1 Decal - \$10 2 Decals - \$20.

Note: Decal fees are in addition to normal permit fees. See fee Schedule at the top of section 2.

GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)			
GULF CHARTER/HEADBOAT FOR REEF FISH (RCG)			
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)			
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR REEF FISH (HRCG)			

## 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.*

Sole Owner  Co-Owner  Percent of Ownership

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a** 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?  YES  NO

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"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <input type="text"/>	Digital contact information (number and provider):	<input type="text"/>
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**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*

Co-Owner  Percent of Ownership

**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?  YES  NO

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"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <input type="text"/>	Digital contact information (number and provider):	<input type="text"/>
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**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.*

Sole Owner       Co-Owner       Percent of Ownership       Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:     S Corporation       Cooperative  
 C Corporation       Limited Liability Co.       Other

**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**       **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)**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Email**       **Digital contact information (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.*

Co-Owner       Percent of Ownership       Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Type of business:     S Corporation       Cooperative  
 C Corporation       Limited Liability Co.       Other

**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**       **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)**       **Apt #**       **City**       **State**       **County/Parish**       **Zip Code**       **Country**

**Email**       **Digital contact information (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

**MINOR SHAREHOLDERS - Check here**                       **TOTAL PERCENTAGE** of the business shares held by minor shareholder(s)

**SECTION 6 - OFFICER/SHAREHOLDER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL**

This page must be filled out if the owner or the lessee 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) shown in Section 5.

Business name

Federal Tax ID Number

**6a: Additional Ownership:**

**Business** — provide 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

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

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  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?  Male  Female

Are you of Hispanic, Latino, or Spanish origin?  Yes  No

What is your race? (Check all that apply)  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

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.

Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code

Email  Digital contact information (number and provider):

**6b:**

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

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  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?  Male  Female

Are you of Hispanic, Latino, or Spanish origin?  Yes  No

What is your race? (Check all that apply)  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

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.

Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code

Email  Digital contact information (number and provider):

## SECTION 7 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to a permit holder whose permits are assigned to the vessel.

Lease start date:       Lease end date:

**Section 7a: Individual or Joint Lessee:** Complete this section if there is a person is leasing the vessel from the vessel owner. If more than one person is leasing the vessel from the vessel owner. Copy this page as needed to provide information on all lessees.

**MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 7a**

Is this person 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"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" 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%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" 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%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Email	Digital contact information (number and provider):
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**Section 7b: Business Lessee:** Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and shareholder information for the business must be provided in section 6.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative			Co-Owner <input type="checkbox"/>
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.			

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 7b**

Registered Name of Business

<input style="width: 95%; height: 25px;" type="text"/>	Email Address <input style="width: 95%; height: 25px;" type="text"/>
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Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" 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%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**SECTION 8 - HISTORICAL CAPTAIN OR DESIGNATED OPERATOR (INCOME QUALIFIER)**

This person is a (check all that apply):

- Historical Captain for Gulf of Mexico Charter/Headboat for Reef fish
- Historical Captain for Gulf of Mexico Charter/Headboat for Coastal Migratory Pelagic Fish
- Designated Operator (Income Qualifier different the Permit Holder) for Commercial Spiny Lobster

**A Historical Captain MUST sign Section 9 as the applicant.**

**A Designated Operator MUST sign Section 9 as the operator along with the applicant.**

**NOTE: All mail about historical Captain Permits will go to the person listed as the Historical Captain.**

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?  YES  NO

<b>What is your Sex?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your race?</b> (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"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> Other _____

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - Jr, Sr, etc.</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>Tax ID Number (SSN)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<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.

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<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"/>

<b>Email</b>	<b>Digital contact information (number and provider):</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**SECTION 9 - SEA BASS POTS OR GOLDEN CRAB TRAPS**

**COMPLETE THIS SECTION ONLY IF YOU HAVE SEA BASS POTS OR IF YOU HAVE GOLDEN CRAB TRAPS. TAGS ARE REQUIRED FOR ALL POTS/TRAPS**

Tag cost is \$1.80 per tag made payable by check or money order to Floy Tag, Inc.

I need tags for:  Sea Bass Pots  Golden Crab Traps

What color are your Buoys for Sea Bass Pots or Golden Crab Traps?

List an existing buoy color code for ANY other trap or pot fishery?

**South Atlantic Sea Bass Pot/Golden Crab Trap Information** - You are allowed a MAXIMUM of 35 Sea Bass Pots

Number of Pots/Traps	Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)
<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"/>



## SECTION 10—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.

- We are a small organization that is a nonprofit enterprise that is independently owned and operated and is not dominant in its field.
- We are a business primarily involved in harvesting seafood (NAICS 114111, 114112, or 114119) that is independently owned and operated, not dominant in its field of operation (including its affiliates), and has total annual gross receipts less than \$11 million for all its affiliated operations worldwide.
- We are a business primarily involved in providing for-hire (charter, party/headboat) fishing services (NAICS 487210) that has total annual gross receipts less than \$7.5 million for all its affiliated operations worldwide.
- We are a business primarily involved in buying and selling seafood (NAICS 424460) that is independently owned and operated, not dominant in its field of operation, and employs 100 or fewer persons on a full time, part time, temporary, or other basis, at all its affiliated operations worldwide.
- Our business primarily involved in processing seafood (NAICS 311710). it is independently owned and operated, not dominant in its field of
- Our business is primarily involved in some other industry. Please refer to SBA’s list of size standards by NAICS code (see [https://www.sba.gov/sites/default/files/files/Size\\_Standards\\_Table.xlsx](https://www.sba.gov/sites/default/files/files/Size_Standards_Table.xlsx)) to determine if your business is small.
- YES, we marked one of the above boxes and we are a small business or organization.
- NO, we did not mark one of the above boxes and are a big business or organization.

If you have any questions about these standards or the definition of affiliation, please contact Mike Travis, SERO Economist, at [mike.travis@noaa.gov](mailto:mike.travis@noaa.gov) or call 727-209-5982.

## SECTION 11 - SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 7a, or an officer or shareholder of the lessee as listed in Section 7b, with that persons information listed in section 6. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 6.

Applicant Signature		Position in Business		Date	
Print Name		Designated Operator Signature		Date	

Public reporting burden for this collection of information is estimated to average 29 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 13<sup>th</sup> 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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and in the case of a “for hire” vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.



# Instructions for the Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone (EEZ)

Rev 01/01/2016

## General Instructions:

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 8:00 a.m. and 4:30 p.m. ET or visit the SERO Permits website at [sero.nmfs.noaa.gov/permits](http://sero.nmfs.noaa.gov/permits).

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. **NMFS will return incomplete or illegible applications.**

1. Complete all applicable sections of this application form. All application fields should be typed or printed in ink.
2. The application fee is **\$25 for one fishery, \$10 for each additional fishery, and \$10 for each decal** and is **non-refundable**. *NMFS will not refund money for denied permits.* A check or money order payable to the **U.S. TREASURY** must accompany each application.
3. Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13<sup>th</sup> Avenue South, St. Petersburg, FL 33701**. If you want your permit and associated documents returned overnight, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.
4. NMFS will not process requests to renew or transfer permits until applicants meet all reporting requirements (e.g., logbooks, the MRIP For-Hire telephone survey, etc.) for the specific fishery. Ensure you comply with all reporting requirements in advance of any permit application requests to avoid delays. Send your logbook report(s) to **National Marine Fisheries Service, Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9915**. Please direct questions concerning reporting requirements to the Southeast Research Management Division at (305) 361-4581.

***Federal regulations require a permit holder to report any permit information change to NMFS, in writing, within 30 days.***

### **APPLICATION SECTION 1 applies to the vessel permits will be issued to**

Complete **all** portions of Section 1. Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation. Use the State Registration certificate for a vessel without U.S. Coast Guard documentation. Provide the Hull Identification Number (HIN). The HIN is a unique number assigned by the boat builder. A state registered vessel will have a HIN as shown on the state registration. A USCG documented vessel may or may not have a HIN, or an IMO number. If you have an IMO number please provide it. For vessels applying for Highly Migratory Species (HMS) commercial shark, swordfish and tuna permits; you are required to have an IMO number for vessels longer than 20 meters (65 feet 8 inches). If applying for a HMS commercial swordfish or shark permit issued without a vessel, write "NO VESSEL" in the field for USCG Official Number.

### **APPLICATION SECTIONS 2 AND 3 are the permits being requested.**

Indicate the fishery and transaction type for each permit requested in this application.

### **Spiny Lobster Income Qualification**

NMFS accepts an Income Qualification Affidavit as proof of meeting permit income qualification requirements. Every application for a Commercial Spiny Lobster permit requires a signed Income Qualification Affidavit. The affidavit is a signed promise, under penalty of perjury, that the applicant meets federal income qualification requirements for the income-qualified permit. The applicant also promises to provide such income documentation if NMFS requests; but is not required to provide tax or income documents unless specifically requested.

SPINY LOBSTER INCOME REQUIREMENTS	
Percentage of earned income	At least 10%
Source of earned income	Sale of catch
Time frame for qualification	Year prior to application

### **APPLICATION SECTION 4 applies to people who directly own the vessel.**

Fill out Section 4 only if the owner(s) listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration are people, not a business. Provide information for all owners listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration. Complete **Section 4a** for a **single individual owner**. Fill out **Section 4b** if the vessel is **jointly owned** by another person, not a business. Photocopy **Section 4** as necessary to provide if 3 or more people own the vessel.

Check the **Sole Owner** if the boat is owned by one person; check **Co-owner** box if the vessel is owned by two or more people. If

there is only one owner (**Sole Owner**), the **Percent of Ownership is 100%**. If the boat is owned by more than one person, input the individual percentage in **Percent of Ownership**.

Check the **Digital updates** box if you would like to receive email and text updates. Use the **Digital contact information** box to provide the cellular number and service provider. If the number is the same as **Phone Number** above, write **same**.

Information on race will provide NMFS social scientists a better understanding of possible social impacts from regulatory change on specific groups of business owners, specifically minority business owners, within the Southeast Region. This information will allow for better identification of minority business owners who may be the subject of environmental justice, fairness, and equity issues within fisheries management in the Southeast Region. If you have any questions or concerns about the collection of this information, please contact Mike Jepson or Christina Package-Ward at 727-824-5305.

Use **Section 4c** to indicate the business type. Generally, if the vessel is owned by one person, it is a **Sole Proprietorship**. If there are multiple owners, it may be a **Partnership**. See the business definitions below.

**APPLICATION SECTION 5 applies to businesses that directly own the vessel.**

Fill out Section 5 only if the owner listed on the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, not a person. Provide information for all owners listed on the vessel's USCG Documentation or State Registration. Fill out Section 5b only if the vessel is jointly owned by a business, not a person. Photocopy **Section 5** as necessary to provide information about all businesses that own the vessel.

NMFS will not issue the permits if the business is in an INACTIVE status with the applicable Secretary of State.

**Definition of Business Types<sup>1</sup>:**

**S Corporation:** An S corporation is a special type of corporation created through an IRS tax election. An eligible domestic corporation can avoid double taxation (once to the corporation and again to the shareholder(s)) by electing to be treated as an S corporation. An S corporation is a corporation with the Subchapter S designation from the IRS.

**C Corporation:** A C corporation is an independent legal entity owned by shareholders. This means that the corporation itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.

**Cooperative:** A cooperative is a business or organization owned by and operated for the benefit of those using its services. Profits and earnings generated by the cooperative are distributed among the members, also known as user-owners..

**Limited Liability Company (LLC):** A limited liability company (LLC) is a hybrid type of legal structure that provides the limited liability features of a corporation and the tax efficiencies and operational flexibility of a partnership. The "owners" of an LLC are referred to as "members." Depending on the state, the members can consist of a single individual (one owner), two or more individuals, corporations or other LLCs.

**Partnership:** A partnership is a business where two or more individuals, businesses, or other organizations share ownership. Each partner contributes to all aspects of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.

**Sole Proprietorship:** A sole proprietorship is the simplest and most common structure chosen to start a business. It is an unincorporated business owned and run by one individual with no distinction between the business and the individual who is the owner. The owner is entitled to all profits and is responsible for all your business's debts, losses and liabilities.

**APPLICATION SECTION 6 applies to the officers or shareholders of businesses that own or lease the vessel.**

NMFS requires information on all owner's officers/ shareholders if the application is for a vessel owned or leased by a business entity. Please photocopy the blank form as necessary to provide information on all officers/shareholders associated with vessel owners and lessees. Repeat if additional businesses are partial owners. Ownership information and Percent of Business Owned for each business involved must equal 100%. Disregard ethnicity question if owner is a business.

For businesses, provide information on the officers/shareholders. Use **Section 6** to input all the officer and shareholders of additional businesses. If additional space is needed, please copy **Section 6** as many times as necessary to provide information on all officers/shareholders associated with business. All shareholders must indicate the percentage of the business each person owns and must equal 100%

If the business holds IFQ shares, indicate what percentage of the business each person listed owns.

**APPLICATION SECTION 7 applies to the individual or business leasing the vessel**

Use **Section 7a** if the vessel is being leased to a person. Use **Section 7b** if the vessel is being leased to a business. All officers/shareholders of the business in **Section 7b** must be listed in **Section 6**. Photocopy **Section 7a** as necessary to provide information about all people that lease the vessel. Lease agreements must be for at least 7 full months.

**A SPECIAL NOTE ABOUT LEASES:** There is no provision in the federal regulations that allows the leasing of permits, i.e. permits may not be leased. Permit holders may lease a vessel and assign the permit to that vessel. However, if the vessel already has permits assigned to it as held by the vessel owner, or other lessees; those permits will not be valid for fishing when the lessee assigns the permits to the leased vessel.

**APPLICATION SECTION 8 applies to Historical Captains or Designated Operator (Income Qualifier)**

This section will remain blank for most applications. Complete this section **only** for applications that include:

- Gulf of Mexico Charter/Headboat permits *with a Historical Captain endorsement, or*
- Commercial Spiny Lobster permit that has been income qualified using the fishing income of a Designated Operator. A Designated Operator is a vessel operator who has met the income qualifications, but is neither a vessel owner nor lessee listed in Section 4 or 5 or an officer of a business that owns or leases the vessel, listed in Section 6.

**APPLICATION SECTION 9 applies to Sea Bass pots and tags and Golden Crab traps and tags.**

Complete this section only if you fish with pots in the snapper-grouper fishery or traps in the golden crab fishery off the southern Atlantic states. The applicant must provide a separate check or money order for pot or trap tags (\$1.80 per tag) payable to FLOY TAG INC. **The Sea Bass pot fishery requires tags be ordered through NMFS.** Trap Tags for the golden crab fishery do not need to be ordered through NMFS. Floy Tag Inc. will ship all Floy Tag orders to you directly; NMFS will not send tags with the permit package.

**APPLICATION SECTION 10 is required for all applicants**

Check the appropriate box and answer the question whether or not the primary business is considered a small business.

In preparing rulemakings related to permitted fisheries, the National Marine Fisheries Service (NMFS) is required to analyze the economic effect of such regulations. As part of the required analyses, NMFS must determine if permit and dealers participating in the fishery are big or small businesses as defined by the US Small Business Administration (SBA).

SBA has established size criteria for all major industry sectors in the US, including fish harvesting and fish processing businesses. The SBA also has established “principles of affiliation” to determine whether a business concern is “independently owned and operated.” In general, business concerns are affiliates of each other when one concern controls or has the power to control the other or a third party controls or has the power to control both. Providing this invaluable information allows NMFS economists during the analysis of economic impact and to better manage fisheries.

If you have any questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.

**APPLICATION SECTION 11 – SIGNATURE FOR APPLICATION**

The applicant must sign and date the application. The signatory must be an officer or shareholder listed if the permit holder is a corporation, partnership, or other business entity.

**RENEWAL AND NEW (FIRST TIME) ISSUANCE OF PERMITS**

- All permit renewal and first issuance requests must include, as a minimum: 1) an application, 2) the appropriate fees, and 3) a copy of the unexpired U.S. Coast Guard Certificate of Documentation or State Registration Certificate. Please note - we cannot accept a bill of sale, certificate of title, or a copy of the vessel registration receipt as documentation or registration.
- Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify both the entities leasing the vessel and the vessel owners as listed on the vessel’s USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 full months, and may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.
- To ensure your renewal goes quickly and smoothly, send your logbook report(s) to **National Marine Fisheries Service, Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9916.** Direct your questions concerning reporting requirements to the Southeast Research Management Division at (305) 361-4581. *We cannot renew your permit(s) until you meet all reporting requirements.*
- For Shark and Swordfish Directed and Incidental permit renewals that carry longline and/or gillnet gear aboard, please include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Owner’s Certificate issued to the vessel owner.
- If there are any changes to the entities who own or lease the vessel, or to the vessel to which the permits are issued; the permits may not be renewed. Open access permits must be re-obtained as new permits. Limited access and moratorium permits must be transferred.

**TRANSFER OF PERMITS**

- A transfer occurs when a change is made to either the ownership of a vessel or if the permit is being put on a new vessel. A Limited access and/or moratorium is considered to be transferred if it is moved from one vessel to another, even if the permit owner remains unchanged. The permit must be “transferred” to the same vessel if the registered

vessel ownership changes, including the addition or removal of a joint owner. In the case of leased vessels, if the vessel ownership changes as described previously or the lessee changes, the permit must be transferred.

- The registered vessel owner is considered to be the permit holder unless the vessel is leased. For a leased vessel, the vessel lessee is considered the permit owner.
- Various restrictions apply to transfer of limited entry and moratorium permits and endorsements. Consult the applicable United States Code of Federal Regulations, which is available online at [sero.nmfs.noaa.gov/sustainable\\_fisheries/policy\\_branch/](http://sero.nmfs.noaa.gov/sustainable_fisheries/policy_branch/)
- Only the Limited Access/Moratorium permits and endorsements listed in Section 3 are transferable.
- All permit transfer requests must include, as a minimum: 1) an application, 2) the original permits with appropriate signatures on the back, 3) the appropriate fees, and 4) a copy of the receiving vessel's unexpired U.S. Coast Guard Certificate of Documentation or State Registration unless the permit office already has a copy of the vessel's valid documentation or registration on file. Please note - we cannot accept a bill of sale as documentation or registration.
- **SIGNATURES ON PERMITS:** provide the **valid** (not expired) **ORIGINAL** (not a copy) transferable permit(s) with notarized signatures on the reverse of the permit.
  - i Persons listed as permit holders on the face of the permit must sign as sellers the back of the permit. If the permit holder is a business, an officer or shareholder of the business must sign as seller on the back of the permit. The correct format must include the signature, the person's position in the business and the company name. For example: John Doe, President, XYZ Fishing Inc.
  - i A notary public must notarize the sellers' signature(s).
  - i **Print** the name of the new permit holder, individual(s) or business, as the receiving vessel permit owner.
  - i No signatures are required if transferring permits to a different vessel owned by the same entity (person or business), unless the permit is a Gulf of Mexico Charter/Headboat Permit (please read the back of this type of permit).
- A vessel owner with a moratorium Gulf of Mexico Coastal Migratory Pelagic Charter/Headboat and/or a Reef Fish Charter/Headboat permit(s) that transfers the permit(s) to another vessel owner or to another vessel, must remove the Federal Charter/Headboat decal from their vessel.
- Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify both the entities leasing the vessel and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months, and may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.
- For Shark and Swordfish Directed and Incidental permits, please include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Operator's Certificate issued to the vessel owner for initial issuance. For all subsequent renewals, please include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Owner's Certificate.
- With the exception of Sea Bass Pot endorsements and Golden Tilefish endorsements, NMFS cannot transfer expired permits. An applicant may transfer a permit only when the seller(s) signature is notarized BEFORE the expiration date. Once signed, the buyer must submit an application to transfer the permit before the permit terminates, one year following the expiration date of the permit (or 6 months following the expiration date of a Golden Crab permit). An applicant may transfer a Sea Bass Pot endorsements and Golden Tilefish endorsements only when the seller(s) signature is notarized and submits an application BEFORE the termination date of the endorsements, which is one year after the expiration date of the endorsements.

## **FEES**

Fees for permit or endorsement renewal, initial issuance, and transfers are \$25 for the first permit or endorsement and \$10 for each additional permit or endorsement. The flat rate fee for replacement of one or more permits issued to a single vessel is \$18.

### **Permits**

1 = \$25   2 = \$35   3 = \$45   4 = \$55   5 = \$65   6 = \$75   7 = \$85   8 = \$95   9 = \$105   10 = \$115   11 = \$125   12 = \$125

### **Decals**

1 = \$10   2 = \$20   3 = \$30   4 = \$40

## **KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.**

Public reporting burden for this collection of information is estimated to average 29 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 13<sup>th</sup> Avenue South, St. Petersburg, FL 33701.

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<sup>1</sup> According to the US Small Business Administration. For more information, please visit [www.sba.gov](http://www.sba.gov).