National Marine Fisheries Service Greater Atlantic Region Permit Office

## I nitial/ Renewal* Application for a Greater Atlantic Vessel Operator Permit

Operator cards are required for any operator of a charter/party boat and or a commercial vessel (including carrier and processor vessels) issued a vessel permit from the Greater Atlantic Region and possessing or fishing for Atlantic Sea Scallops, Northeast Multispecies, Spiny Dogfish, Monkfish, American Lobster, Atlantic Herring, Atlantic Surfclam, Ocean Quahog, Maine Mahogany Quahog, Atlantic Mackerel, Loligo Squid, Illex Squid, Butterfish, Scup, Black Sea Bass, Golden Tilefish, Skates, Atlantic Deep-Sea Red Crab, or Atlantic Bluefish, in or from the EEZ.

FI RST TI ME APPLI CANTS: fill in Section 1 below, sign and date the back of this application and return it to us with one (1) passport or ID sized photo (see back).

IF USI NG THIS APPLICATION AS A RENEWAL: fill in Section 1 below, write your 8 digit number on the line below, sign and date the back of this application, and return it to us with one (1) passport or ID sized photo (see back).

Your vessel operator number $\qquad$
*Preprinted renewal applications are automatically mailed to the address on file approximately 35 days prior to the expiration date, but you may use this application to renew your permit (see below).

Please complete all sections of this application.
Incomplete applications will be returned and will be not be processed.
Submission of all application information is required.

## Section 1

Last Name $\qquad$ First Name $\qquad$ MI $\qquad$ SUFFIX $\qquad$ Suffix: Jr, Sr, III, IV, etc

Mailing Address $\qquad$
City / ST / Zip Code $\qquad$ _ $\qquad$
Phone Number $\qquad$ - $\qquad$ Date of Birth $\qquad$ 1 $\qquad$ (MO/DAY/YR) Eye Color $\qquad$ Hair Color $\qquad$
Weight (Ibs) $\qquad$ Height (ft/ in) $\qquad$ 1 _

[^0]Please enclose ONE color passport or I.D. sized photo of yourself, which is recent (taken no more than 1 year prior to the date of this application).


## Section 2

I affirm that all information I have given on this application is true and correct. Making a false statement on this application is punishable by law [18 USC 1001]. I understand that violations of Federal fisheries laws and regulations may subject me to criminal and civil penalties including fine and/or revocation of license. Further, as a condition of this operator's permit, I agree that if this permit is suspended or revoked pursuant to 15 CFR part 904, I will not be on board a Federally permitted fishing vessel in any capacity while the vessel is at sea or engaged in offloading.

## Signature of Applicant:

## Date:

## Return completed applications to: <br> Greater Atlantic Region Permit Office <br> 55 Great Republic Drive <br> Gloucester, MA 01930-2276 <br> Telephone: (978) 282-8437

Permit holder name, address, phone number, and the status of the holder's permit 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.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2276. The purpose and use of these permits are to (1) register industry participants and fishing vessels, (2) exercise influence over compliance, (3) provide a mailing list for the dissemination of important information to the industry, (4) register participants to be considered for limited entry, and (5) provide a universe for data collection samples. Both the MSFCMA and Executive Orders 12866 et al, require the determination of this information. 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.


[^0]:    You must sign and date this application in Section 2 on back.

