

Renewals

Permit Numbers: Go

Search

Keywords: SEARCH... Go

> Use Permit Filtering

Tools

- USCG Vessel DB Lookup
- GC Sanctions Check
- OLE VMS Check
- Do Not Permit List
- Deceased Persons Inquiry
- USPS Address Verification
- Letter Generator

Online Form Definition

Form Code: R3TP-1
Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
 - Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Owner of Permit Display sequence: 1.1

SECTION Title: (max 500 chars)
UNITED STATES BASED BUSINESS INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Owner of Permit) will be displayed if answers provided by the applicant match the answers defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	End	Key	N/Y	Seq	More...
Business Name	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
Date of Incorporation	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	
Business Tax Identification Number (EIN)	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	
DUNN Number	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	
BUSINESS ORGANIZATION TYPE	Lov	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	
Address of Record	Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	
Phone of Record	Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	
E-mail of Record	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	
US IMPORTER NUMBER	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90	
Contact Person	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	
Call Phone of Record	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN ADDRESS OF RECORD	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fax of Record	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Business Mailing Address	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Address	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Fax	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Phone	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate cell phone	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Articles of Incorporation on File	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BUSINESS OWNER NAME	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Business Related Comments	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Business e-mail address	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CONTACT PERSON TITLE	Lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Citizenship	Lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contact Person Role	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Data Load Identifier	Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ELIGIBLE OWNER	Lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Online Form Definition

Form Code: R3TP-1
Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Extended Attributes Display sequence: 2.13

Section Title: (max 500 chars)
ADDITIONAL FACILITIES

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Extended Attributes) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant(n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	Req	Req	Req	More...
PURCHASED/RECEIVED LOCATION NAME	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
PURCHASED/RECEIVED LOCATION TELEPHONE NUMBER	Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	
PURCHASED/RECEIVED LOCATION	Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	
PURCHASED/RECEIVED LOCATION FAX NUMBER	Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	

Save Cancel

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Online Form Definition

Form Code: R33P-1

Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Owner of Permit Display sequence: 1.2

Section Title: (max 500 chars)
FOREIGN BASED BUSINESS INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	Req	Req	Req	More...
Business Name	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	
Date of Incorporation	Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	
DUNN Number	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30	
BUSINESS ORGANIZATION TYPE	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40	
OTHER BUSINESS TYPE	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50	
E-mail of Record	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60	
FOREIGN ADDRESS OF RECORD (NON-GLOBAL)	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70	
FOREIGN PHONE NUMBER OF RECORD (NON-GLOBAL)	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80	
US IMPORTER NUMBER	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90	
FOREIGN FAX NUMBER OF RECORD (NON-GLOBAL)	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100	
Contact Person	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	110	
CONTACT PERSON TITLE	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Contact Person Role	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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 - Business Extended Attributes
- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain Of Vessel
 - Applicant of Permit

SECTION: Owner of Permit Display sequence: 1,3

SECTION Title: (max 500 chars)
UNITED STATES BASED INDIVIDUAL INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant(n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	Key	K/O	Seq	More...
Full Name	Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	
Date of Birth	Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	
SSN	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	
Address of Record	Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	
Phone of Record	Set	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50	
E-mail of Record	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60	
US IMPORTER NUMBER	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70	
Call Phone of Record	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN ADDRESS OF RECORD	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fax of Record	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physical Address Location	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Business Mailing Address	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Address	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Fax	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Phone	Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Applicant Title	Lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Application signature date	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Business e-mail address	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COUNTRY OF CITIZENSHIP	Lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Captain License Number	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Coast	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Data Load Identifier	Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date of Most Recent Program Related Training Workshop	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye Color	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Facilities Where Fish Received	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gender	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hair Color	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Owner of Permit Display sequence: 1,4

Section Title: (max 500 chars)
FOREIGN BASED INDIVIDUAL INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	Req	Req	Req	More...
Full Name	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	
Date of Birth	Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	
E-mail of Record	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	
US IMPORTER NUMBER	Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	
FOREIGN ADDRESS OF RECORD	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN FAX NUMBER OF RECORD	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN PHONE NUMBER OF RECORD	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Relationship to Vessel owner or Managing Owner	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Save Cancel

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- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Agent Of Permit Display sequence: 1.5

Section Title: (max 500 chars)
UNITED STATES REGISTERED BUSINESS AGENT INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Agent Of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

Section Fields	Type	Req	Key	K/O	Seq	More...
Business Name	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	
Date of Incorporation	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	
Business Tax Identification Number (EIN)	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	
DUNN Number	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	
Address of Record	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	
Phone of Record	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	
E-mail of Record	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	
Contact Person	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	
UNITED STATES CUSTOMS DISTRICT	Text	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90	
Cell Phone of Record	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN ADDRESS OF RECORD	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fax of Record	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Business Mailing Address	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Address	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Fax	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate Phone	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary/Alternate cell phone	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Articles of Incorporation on File	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BUSINESS ORGANIZATION TYPE	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BUSINESS OWNER NAME	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Business Related Comments	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Business e-mail address	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CONTACT PERSON TITLE	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Citizenship	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contact Person Role	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Data Load Identifier	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ELIGIBLE OWNER	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 - Foreign Vessel Owner
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 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
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 - Authorized Gear
- Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Dealer License Information Display sequence: 1,6

Section Title: (max 500 chars)
FEDERAL OR STATE DEALER LICENSES

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)
 Conditional Section: Check if certain conditions must be met for this section to be displayed

Section Fields
DEALER LICENSE INFORMATION

Type	Gr	Req	Gr	Gr	Gr	More...
Group	DLI	DLI	DLI	DLI	DLI	DLI

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- Agent of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
- Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Permit Extended Attributes Display sequence: 1.7

Section Title: (max 500 chars)

TARGETED SPECIES

Instructions/Remarks: (max 4000 chars)
Select the species that will be traded.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

Section Fields	Type	Req	End	Res	#/O	Sec	Men...
INTENDED TRADE SPECIES	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI Harvest Limit area ATKA Mackerel Endorsement	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocation Type	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area of Operation	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSAI ATKA MACKEREL Endorsement	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catch requirements met	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew Size	Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Most Recent Program Related Training Workshop	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endorse	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMP Category	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishery Code	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Gross Registered Tons (GRT)	Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOA Inshore processing endorsement	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gear Type	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Training Workshop	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMM PERMIT TYPE	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of operating vessel	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Federal/State/ Commercial Licenses Held by Operator	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACIFIC COD Endorsement	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERMIT AREA	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLLOCK Endorsement	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing Sector	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Fishery Management Organization (RFMO)	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGETED SPECIES	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Dollar Value	Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vessel Operation Type	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKSHOP PROVIDER	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Save Cancel

Renewals

Permit Numbers:

Search

Keywords:

[Use Permit Filtering](#)

Tools

- USCG Vessel DB Lookup
- GC Sanctions Check
- OLE VMS Check
- Do Not Permit List
- Deceased Persons Inquiry
- USPS Address Verification
- Letter Generator

Online Form Definition

Form Code: R3TP-1

Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Applicant Display sequence: 1.13

Section Title: (max 500 chars)

APPLICANT INFORMATION

Instructions/Remarks: (max 4000 chars)

Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

Section Fields

Field Name	Type	Req	Max	Min	More...
Signator name	Text	<input checked="" type="checkbox"/>			
Application signature date	Date	<input checked="" type="checkbox"/>	30		
Applicant Title	Text	<input checked="" type="checkbox"/>	30		
DESIGNATED OPERATOR NAME	Text	<input type="checkbox"/>			
DESIGNATED OPERATOR SIGNATURE DATE	Date	<input type="checkbox"/>			
Relationship to Vessel owner or Managing Owner	Text	<input type="checkbox"/>			