

**UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
ANTARCTIC MARINE LIVING RESOURCES**

IMPORT TICKET NO. _____

NAME OF IMPORTER (INDIVIDUAL CONTACT): _____

COMPANY NAME (BUSINESS): _____

COMPANY ADDRESS: _____ CITY _____ ST _____ ZIP _____

RESOURCE IMPORTED AND DATE:

QUANTITY OF RESOURCE:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

HARVESTING VESSEL(S) NAME(S)

FLAG NATION

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Signature _____ Title (Business) _____ DATE: _____

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time 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 aspect of this collection of information, including suggestions for reducing this burden, to National Marine Fisheries Service, Office of International Affairs, 1315 East West Highway, Attention: CCAMLR Permit Office, Silver Spring, Maryland, 20910.

Return this Import Ticket within 24 hours after importing resource(s) to the address below via overnight mail:

Toothfish Import Control Program
National Seafood Inspection Lab
National Marine Fisheries Service
3209 Frederic Street
Pascagoula, MS 39567
Attention: CCMALR Permit Office

OR

FAX : 228 762-7144
Attention CCAMLR Permit Officer