Revised: 06/03/2016 (rb) OMB Control No. 0648-0353 Expiration Date 04/30/2017

|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\pbearden\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\92F8HUAM\tiny_tags[1].jpg | IFQ SABLEFISH LONGLINE POT GEAR: **VESSEL REGISTRATION AND****REQUEST FOR POT GEAR TAGS** | United States Department of CommerceNational Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668Juneau, Alaska 99802-1668Telephone: (800) 304-4846 toll free or(907) 586-7202 JuneauFax: (907) 586-7354 | http://home.nmfs.noaa.gov/ocioweb/webguide/cdprint/images/logo-noaa.gif |
| Vessel owners that plan to participate in the IFQ sablefish fishery using longline pot gear must register their vessel with NMFS on an annual basis. Use this form to register your vessel for participation and to request new pot gear tags.**Note:** Pot gear tags assigned to your vessel in previous years are still valid as long as the tag can still be secured to a pot and the serial number is legible. If previously issued tags need to be replaced please complete the form titled: IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS |
| ***Block A – Vessel Owner Information*** |
| 1. Name: | 2. NMFS ID: |
| 3. Business Mailing Address: [\_\_] Permanent [\_\_] Temporary  |
| 4. Business Telephone No. | 5. Business Fax No. | 6. Business E-Mail Address: |

|  |
| --- |
| ***Block B -- Vessel Identification****Identify the vessel to which tags will be assigned and the number of tags requested by area* |
| 1. Vessel Name: | 2. USCG Official Number | 3. ADF&G Registration Number |
| 4. [\_\_] Check this box if you will be using pot gear tags previously assigned to this vessel and do not need new tags |
| 5. Number of Sablefish Pot Gear Tags Requested by Area: |
| WY (maximum tags = 120) | WG (maximum tags = 300) | SE (maximum tags = 120) | CG (maximum tags = 300) |
| ***Block C – Vessel Owner Signature*** |
| *Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.* |
| Vessel Owner Name (print) | Vessel Owner Signature | Date Signed |

|  |
| --- |
| INSTRUCTIONSIFQ SABLEFISH LONGLINE POT GEAR:**VESSEL REGISTRATION AND REQUEST FOR POT GEAR TAGS** |

Vessel owners that plan to participate in the Individual Fishing Quota (IFQ) sablefish fishery using longline pot gear must register their vessel with NMFS on an annual basis. Use this form to register your vessel for participation and to request new pot gear tags.

**Note:** Pot gear tags assigned to your vessel in previous years are still valid as long as the tag can still be secured to a pot and serial number is legible. If previously issued tags need to be replaced please complete the form titled: IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS.

Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

A completed application may be submitted to NMFS:

 By mail: NMFS, Alaska Region

 Restricted Access Management (RAM)

 PO BOX 21668

 Juneau, AK 99802

 By fax: (907) 586-7354

 In person: U.S. Federal Building

 NOAA, NMFS Alaska Region

 RAM

 709 W. 9th Street, Room 713

 Juneau, AK 99801

**BLOCK A -- VESSEL OWNER INFORMATION**

 1. Vessel Owner Name. Enter the full Name(s) of owner of the Vessel listed in Block B

 2. NMFS ID. Enter your assigned NMFS ID, if you do not have one, one will be assigned to you

 3. Business Mailing Address: Indicate whether address is permanent or temporary. Enter your complete business mailing address, including street or P.O. Box, city, state, and zip code. Your pot tags will be sent to this address, unless otherwise notified.

 4-6. Business Telephone No., Fax No., and e-mail Address. Enter the business telephone number and business fax number including area code, and business e-mail address (if available) that are used by the vessel owner. It is very important that you provide a number where we can contact you, or where we can leave messages for you. If questions arise concerning your application, and we are unable to contact you, issuance of your pot tags will be delayed.

**BLOCK B -- VESSEL IDENTIFICATION**

 1. Enter the complete vessel name as displayed in the official documentation.

 2. Enter the USCG Official Documentation Number

 3. Enter State of Alaska, Department of Fish and Game (ADF&G) registration number.

 4. Check box to indicate you already have pot gear tags for this vessel and will continue to use those tags previously issued to this vessel.

 5. If new pot tags are required for this vessel, enter the number of tags required for each area: West Yakutat (WY). Southeast (SE), and Central Gulf of Alaska (CG).

**BLOCK C – VESSEL OWNER SIGNATURE**

The owner or authorized representative must print name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The application will be considered incomplete without this signature. If authorized representative, send complete authorization.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, P.O. Box 21668 Juneau, AK 99802-1668.

***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. All information collected is part of a Privacy Act system of records: NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries, published on April 17, 2008

(73 FR 20914).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_