



# Instructions for the Federal Permit Application for Vessels Fishing for Wreckfish off the South Atlantic States

Rev 04/04/2017

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.

## General Instructions:

### Who can obtain a wreckfish permit?

To obtain a commercial vessel permit for wreckfish:

- The applicant must be a wreckfish shareholder; and either the shareholder must be the vessel owner or the owner or operator must be an employee, contractor, or agent of the shareholder.
- A commercial permit for South Atlantic snapper-grouper must have been issued to the vessel.

For more information about the wreckfish ITQ program, contact the Sustainable Fisheries Division LAPP/DM Branch at (727) 824-5305.

### What sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- All applicants* must fill out Section 1 and Section 2.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- If a vessel is owned or leased by a business which is owned by another business, or if the wreckfish shareholder is a business which is owned by another business, provide information about all businesses' parent companies in Section 6.
- If a vessel is owned or leased by a business or the wreckfish shareholder is a business, in addition to completing Section 2b, 4 and/or 5b, complete Section 7 to provide information about all individuals that are owners or officers of the businesses, or parent companies to businesses, that own or lease the vessel or are the wreckfish s
- All applicants* must fill out Section 8 *and* Section 9.

See pages 3-6 for information about specific sections of this application.

### What is the fee?

The application fee is **\$50**. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

The fee to replace one or more permits issued to a vessel is \$18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

### Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. To receive permits via overnight carrier, 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.

### What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Send Coastal and Pelagic 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 Coastal and Pelagic reporting requirements to the Southeast Research Management Division at **(305) 361-4581**. You can also check the status for these logbooks online at <https://grunt.sefsc.noaa.gov/vrsr/VesselReportingStatus.jsp>.

### What supporting documentation do I need?

- Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.
- Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) 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 from the date your application is received. The lease 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.
- Miscellaneous or uncommon documents:** To transfer a Snapper Grouper Unlimited permit to an immediate family member, documentation proving the familial relationship will be required. To transfer a permit pursuant to will/probate of a deceased permit holder, copies of the will and court order will be required. For these sorts of unusual transfer transactions, we recommend you contact the Permits Office toll free at (877) 376-4877 to discuss the details of your particular situations.

### A few words about renewals...

- Any change to the identity of the entities that own or lease the vessel are the wreckfish shareholders, or a change to the vessel to which the permits will be issued, means that the wreckfish permit cannot be *renewed*. In those instances, a *new* wreckfish permit may be obtained.



### **APPLICATION SECTION 1 – VESSEL INFORMATION.**

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, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- For Highly Migratory Species (HMS) applicants only:
  - An International Maritime Organization (IMO) number is required for all vessels longer than 20 meters (65 feet 8 inches) applying for HMS commercial shark, swordfish or Atlantic Tuna longline permits.
  - If applying for a HMS commercial swordfish, shark, or Atlantic Tuna Longline permit without a vessel, write "NO VESSEL" in the field for USCG Official Number.
  - Shark and Swordfish directed and incidental permit applicants must indicate whether the vessel fishes with or carries on board longline and gillnet gear.
- For For-Hire vessel applicants only:
  - Indicate if the vessel is an uninspected vessel authorized to use a "6-pack" license, or a USCG inspected vessel, and if so, the passenger capacity of the vessel.



## **SECTION 2 -- Wreckfish Shareholder Information**

- Enter the Wreckfish Shareholder's Certificate Number in the field provided at the top of Section 2.
- If the Wreckfish Shareholder is an individual, complete section 2a to include the Wreckfish shareholder's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
  - Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- If the Wreckfish Shareholder is a business, complete section 2b to include the Wreckfish shareholder's business name, tax ID number (FEIN), date the business was formed, physical and mailing address, and business type.
  - Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).



### **APPLICATION SECTION 3 -- Individuals that own the vessel.**

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, Complete **Section 3** for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy Section 3 as necessary to provide information for all individuals that own the vessel.

- For each owner, include the owner's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available). If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.



### **APPLICATION SECTION 4 -- Businesses that own the vessel.**

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 4a for a single business owner. Also fill out Section 4b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)



**APPLICATION SECTION 5 – LEASE Information**

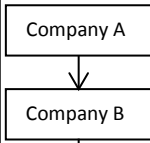
**If the vessel is leased by one or more individuals**, fill out section **5A**. Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee’s full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

**If the vessel is leased by one or more businesses**, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business’s full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



**APPLICATION SECTION 6 –Businesses that Own Businesses**

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and Wreckfish shareholders listed in section 2b, 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel or Wreckfish certificate.



- For each business, provide the business’s full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

**Example:** If a vessel’s USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.



**APPLICATION SECTION 8 – Businesses Officers and Individual Owners**

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and wreckfish shareholders as listed in section 2b, 4a, 4b, 5b, and 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%.

Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel and Wreckfish certificate.

- For each individual owner or officer, include the entity’s full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- Complete Section 7C if a business listed in Section 2b, 4a, 4b, 5b, and 6 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

**Example:** If a vessel’s USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A and Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

**APPLICATION SECTION 9 – Small Business or Organization Certification**

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word “START”, and identify the one that describes the applicant’s primary activity. Then answer the questions in the box to the right of the business activity you selected.

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



**APPLICATION SECTION 10 – SIGNATURE FOR APPLICATION**

The application must be signed and dated by the wreckfish shareholder. If the wreckfish shareholder is a business, an officer or owner of the business must sign and date the application.

**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 55 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 13th 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, Vessel length, Vessel tonnage (gross and net), Vessel horse power, 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.

**U.S. Department of Commerce, NOAA**

NMFS PERMITS OFFICE, F/SER14

263 13th Avenue South

St. Petersburg, FL 33701

Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)

727-824-5326 (8:00 a.m. - 4:30 p.m. ET)

sero.nmfs.noaa.gov/permits



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

**FEDERAL PERMIT APPLICATION FOR  
VESSELS FISHING FOR WRECKFISH  
OFF THE SOUTH ATLANTIC STATES**

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY	
Reviewer's Initials and date	
Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration date	
SCAN DATE AND INITIALS	

**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)**

**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)

**Hull Material**

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

**Fuel Data**

- DIESEL
- GASOLINE
- OTHER

**Fuel Capacity -  
Total Gallons**

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

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

FREEZER

LIVE WELL

## SECTION 2 - WRECKFISH SHAREHOLDER INFORMATION

Complete Section 2a on this page for an individual that is a Wreckfish Shareholder. Complete section 2b for a Business that is a Wreckfish Shareholder. **Photocopy this page as needed to provide information on all shareholders. Select only ONE mailing recipient.**

Shareholder's Certificate Number:

### Section 2a: Individual as a Shareholder.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a

Is this individual a United States Citizen or permanent resident alien?  YES  NO

What is this individual's Sex?  Male  Female

Is this Individual of Hispanic, Latino, or Spanish origin?  Yes  No

What is this individual's race?  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.

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

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

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

Email

Cell Phone number and provider:

### Section 2b: Business as a Shareholder: Complete this section if a business is a wreckfish shareholder.

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

C Corporation

Limited Liability Co.

Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  NO

Registered Name of Business

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

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

Email

Cell Phone number and provider:

### SECTION 3 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

**Section 3a: Primary or Sole Owner:** Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Select only ONE mailing recipient.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a Is this individual a United States Citizen or permanent resident alien?  YES  NO

What is this individual's Sex?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Is this Individual of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is this individual's race?	<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.

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

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

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

Email  Cell Phone number and provider:

**Section 3b: Joint Owner.** Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3b Is this individual a United States Citizen or permanent resident alien?  YES  NO

What is this individual's Sex?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Is this Individual of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is this individual's race?	<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.

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

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

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

Email  Cell Phone number and provider:



## SECTION 4 – BUSINESS VESSEL OWNER(S) INFORMATION

**Section 4a: Primary or Sole Owner:** Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. Select only ONE mailing recipient.

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_    **Was this Business properly established by the laws of the United States or any state of the United States?**  YES  
 C Corporation     Limited Liability Co.     Partnership     NO

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

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

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

Email

Cell Phone number and provider:

**Section 4b: 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.

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_    **Was this Business properly established by the laws of the United States or any state of the United States?**  YES  
 C Corporation     Limited Liability Co.     Partnership     NO

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

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

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

Email

Cell Phone number and provider:

## SECTION 5 –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 another permit holder whose permits are assigned to the vessel.

Lease start date:  Lease end date:

**Section 5a: Individual or Joint Lessee:** Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual 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 individual listed in Section 5a** Is this individual a United States Citizen or permanent resident alien?  YES  NO

What is this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is this individual's race? <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 _____	

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" 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: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" 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: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

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

Email <input style="width: 90%; height: 20px;" type="text"/>	Cell Phone number and provider: <input style="width: 90%; height: 20px;" type="text"/>
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**Section 5b: 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 owner information for the business must be provided in section 7.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5b**

Registered Name of Business

Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" 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: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

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

Email <input style="width: 90%; height: 20px;" type="text"/>	Cell Phone number and provider: <input style="width: 90%; height: 20px;" type="text"/>
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## SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and 6b. Copy this section as needed.

### Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

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









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

Email

Cell Phone number and provider:

### Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

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









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

Email

Cell Phone number and provider:

**SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 2b, 4, 5b, and 6. Copy this section as needed.

**Section 7a: Individual Officer/Owner:**

**Business for which this individual is an officer/owner of:**

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

**Percent of Business Owned:**  **Is this individual a United States citizen or permanent resident**  YES  NO

<b>What this individual's Sex?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Is this Individual of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is this individual's race?</b> <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 _____

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

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"/>

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

**Email**  **Cell Phone number and provider:**

**Section 7b: Additional Officer/Owner:**

**Business for which this individual is an officer/owner of:**

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

**Percent of Business Owned:**  **Is this individual a United States citizen or permanent resident**  YES  NO

<b>What this individual's Sex?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Is this Individual of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is this individual's race?</b> <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 _____

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

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"/>

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

**Email**  **Cell Phone number and provider:**

**SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)**

**7c. Minor Owner Information**

MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor owners.

**SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

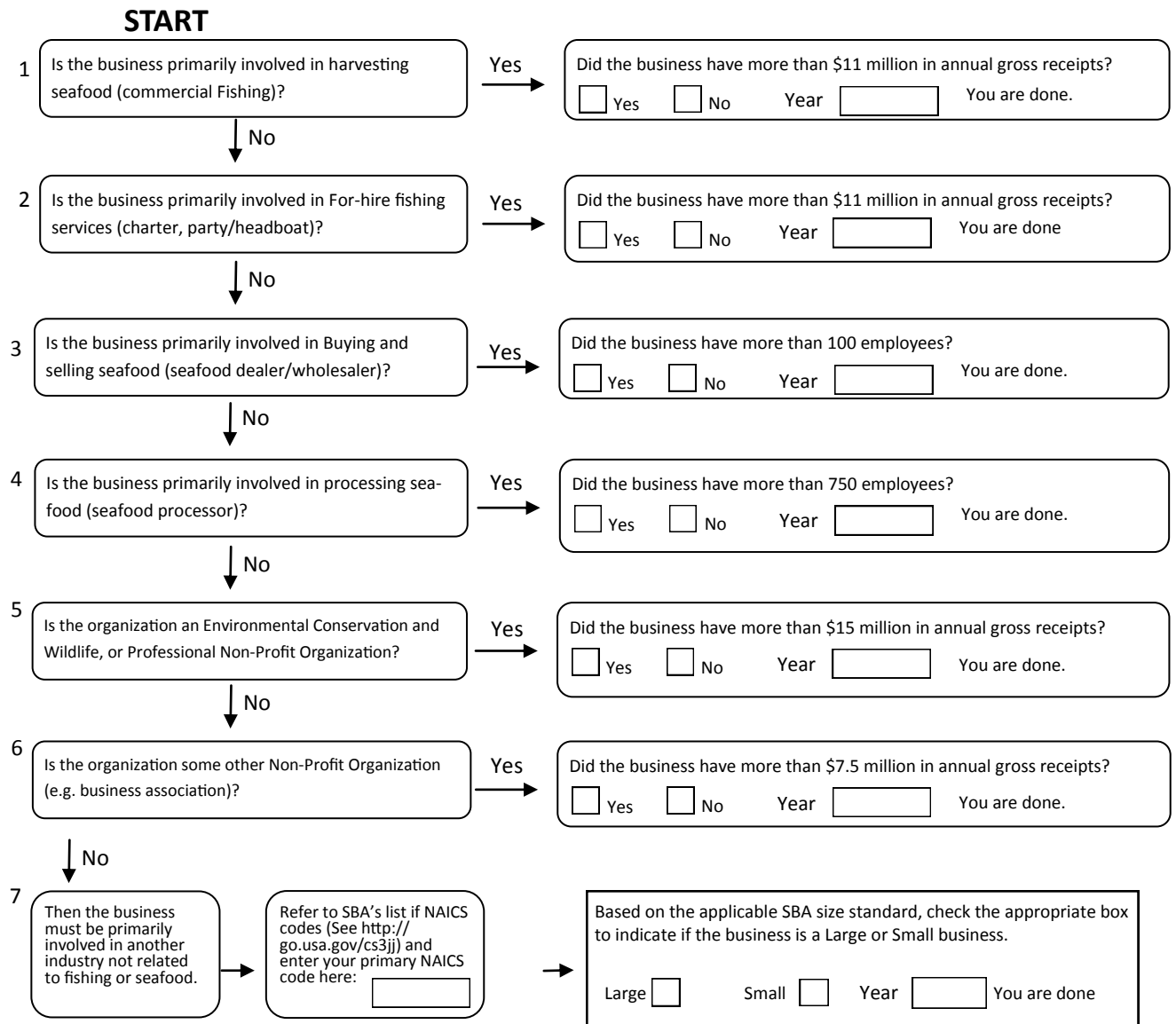
**(All Applicants must complete this section)**

For vessels that are leased, complete this section for business(es)/organization(s)/sole proprietorship(s) that lease the vessel. For vessels that are not leased, complete this section for the business(es)/organization(s)/ sole proprietorship(s) that own the vessel (i.e. the business(es)/organization(s) that appear on the vessel's USCG documentation or state registration).

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 and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also 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.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at [mike.travis@noaa.gov](mailto:mike.travis@noaa.gov) or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below



**SECTION 9 - SIGNATURE FOR APPLICATION - REQUIRED**

If the Wreckfish Shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor or agent of the shareholder.

Applicant Signature	<input type="text"/>	Position in Business	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Designated Operator Signature	<input type="text"/>	Date	<input type="text"/>