



# Instructions for the Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone (EEZ)

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:

### 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 and/or Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 4.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 5.
- If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 6.
- If the vessel is owned by a business which is owned by another business, in addition to completing Section 5, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that own the vessel.
- If the vessel is leased by a business which is owned by another business, in addition to completing Section 6, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that lease the vessel.
- If the vessel is owned or leased by a business, in addition to completing Section 5 and/or 6, complete Section 8. In Section 8, provide information about all individuals that are owners or officers of businesses listed in Section 5, Section 6, and/or Section 7.
- Complete Section 9 if the any owners of the businesses listed in Section 5, Section 6, or Section 7 hold an ownership percentage less than 1%. This is not common.
- Applicants of Historical Captain Endorsements for Gulf of Mexico Charter/Headboat permits, or designated operator (income qualifier) for Commercial Spiny Lobster Permits, complete section 10
- Applicants requesting a Sea Bass Pot endorsement or Golden Crab permit fill out Section 11.
- All applicants* must fill out Section 12, and Section 13.

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

### What is the fee?

The application fee is **\$25 for one fishery and \$10 for each additional fishery**, as described in the table below. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

For Gulf of Mexico Charter/Headboat permits only, there is an additional, non-refundable **\$10 fee for each decal**. 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.

#### Permits

1 = \$25   2 = \$35   3 = \$45   4 = \$55   5 = \$65   6 = \$75   7 = \$85   8 = \$95   9 = \$105   10 = \$115   11 = \$125

#### Gulf of Mexico Charter/headboat Decals

1 = \$10   2 = \$20

### 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>.
- Send Gulf of Mexico Shrimp Landing Reports and Gulf Shrimp Vessel & Gear Characterization forms to Rebecca Smith, NMFS Galveston Laboratory, 4700 Avenue U, Galveston, TX 7755; also, Gulf Shrimp applicants need to ensure compliance with the cELB program. See [www.galvestonlab.sefsc.noaa.gov/ELB/FAQ/elbresponsibilities.html](http://www.galvestonlab.sefsc.noaa.gov/ELB/FAQ/elbresponsibilities.html) for details. For information about all Gulf of Mexico Shrimp data collection programs contact Rebecca Smith at the NMFS Galveston Laboratory (409)-766-3783.
- Vessels selected for the For Hire headboat survey should contact Mr. Ken Brennan of the NMFS Southeast Fisheries Science Center at (252) 728-8618 for information about required reports.

### 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.
- Original Permits:** When transferring limited entry permits from one vessel to another, or from one owner or lessee to another owner or lessee, include the original permits being transferred.
  - Except when transferring a permit to the same vessel owner(s) and lessee(s) (as applicable), the permit holder listed on the face of the permit must sign the back of the permit as the seller. If the permit holder is a business or organization, an officer or owner of the permit holder must sign the back of the permit as the seller. The seller's signature must be notarized.
  - When transferring a Gulf of Mexico Charter/headboat permit, even to the same vessel owner(s) /lessee(s), the transferor must sign the back to affirm removal of the charter/headboat decal.
  - If the transfer is not for a Gulf of Mexico Charter/ headboat permit, and the vessel owner(s)/lessee(s) will remain the same, the permit does not need to be signed.
- Highly Migratory Species (HMS) Workshop Certificate:**
  - To renew a Shark or Swordfish Directed or Incidental permit, include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Owner's Certificate issued to the vessel owner.
  - To transfer Shark or Swordfish Directed or Incidental permits, include a copy of either a valid Owner or Operator's Protected Species Safe Handling, Release, and Identification Workshop Certificate issued to the vessel owner.
- Florida Saltwater Products License:** To obtain a lobster tailing permit, if the vessel will not obtain or already possess a valid commercial spiny lobster permit, include a copy of a Florida Saltwater Products License with crawfish endorsement issued to the vessel or to the applicant.
- 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 transfers and renewals...**

- Any change to the identity of the entities that own or lease the vessel, or to the vessel to which permits are issued, means the permit cannot be *renewed*. If the permit is a limited entry permit, it may be *transferred* to the new vessel or vessel owner(s) and lessee(s). If the permit is open access, a *new* permit may be obtained.
- Various restrictions apply to the renewal or transfer of limited entry permits and endorsements. Consult the applicable US Code of Federal Regulations, available online at [sero.nmfs.noaa.gov/sustainable\\_fisheries/policy\\_branch/](http://sero.nmfs.noaa.gov/sustainable_fisheries/policy_branch/)
- A vessel owner with moratorium Gulf of Mexico Coastal Migratory Pelagic Charter/Headboat and/or a Reef Fish Charter/Headboat permit(s) that transfers the permit(s) to another vessel owner or to another vessel, must remove the Federal Charter/Headboat decal from the vessel.
- With the exception of Sea Bass Pot endorsements and Golden Tilefish endorsements, NMFS cannot transfer expired permits/endorsements to a new permit holder. For all other limited entry permits, an applicant may transfer a permit only when the seller(s) signature is notarized BEFORE the expiration date, and the applicant submits an application to transfer the permit before the permit terminates, which is the date one year following the expiration date of the permit (or 6 months following the expiration date of a Golden Crab permit) and as printed on the face of the permit. An applicant may transfer a Sea Bass Pot endorsement or Golden Tilefish endorsements only when the seller(s) signature is notarized and the application is submitted BEFORE the termination date of the endorsements.



**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.



**APPLICATION SECTIONS 2 AND 3 – Permits Requested.**

Indicate the fishery and transaction type of the permits requested. For renewal and transfer requests of limited entry permits, indicate the permit number in the space provided.

**Commercial Spiny Lobster Income Qualification:** NMFS requires an Income Qualification Affidavit with each application for a Commercial Spiny Lobster permit, as proof of meeting permit income qualification requirement of the Commercial Spiny Lobster fishery. Additional income qualification documentation may be required upon request.



SPINY LOBSTER INCOME REQUIREMENTS	
Percentage of earned income	At least 10%
Source of earned income	Sale of catch
Time frame for qualification	Year prior to application

Additionally, Lobster *Tailing* applicants must either obtain a Commercial Spiny Lobster permit or provide a copy of a valid Florida Saltwater Product License with a crawfish endorsement, issued to the vessel or the applicant.



#### **APPLICATION SECTION 4 -- 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 4 for all owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and 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 5 -- 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 5a for a single business owner. Also fill out Section 5b 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 6 – LEASE Information**

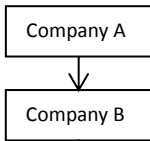
**If the vessel is leased by one or more individuals**, fill out section **6A**. Copy this section as necessary to provide information about all individuals that lease the vessel.

- 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 **6B**. 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 address, 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 7 –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 or lessees listed in section 5a, 5b, or 6b. 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.



- 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 or lessees, as listed in section 5a, 5b, 6b, or 7. 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

- 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).

**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 – Minor shareholders**

This section is left blank for most applicants. Complete Section 9 if a business listed in Section 5a, 5b, 6b, or 7 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%.



**APPLICATION SECTION 10 -- Historical Captain or Designated Operator (Income Qualifier)**

This section does not apply for most applications. Only complete this section for

- 1) Gulf of Mexico Charter/Headboat permits with a Historical Captain endorsement, or
  - 2) Commercial Spiny Lobster permit for which the income qualification requirement has been met the fishing income of a Designated Operator. A Designated Operator is a vessel operator who is neither a vessel owner nor lessee listed in Section 4a, 4b, 6a, nor an officer of a business that owns or leases the vessel as listed in 7a.
- For each historical captain or designated operator, include the individual’s full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, and gender/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 (as available).
  - Note that Designated Operators must ALSO sign the application in Section 11.



### **APPLICATION SECTION 11 - Sea Bass pots or Golden Crab pots**

Complete this section only if you fish with pots in the snapper-grouper fishery or traps in the golden crab fishery off the southern Atlantic states.

- The Sea Bass pot fishery requires tags be ordered through NMFS. Trap Tags for the golden crab fishery do not need to be ordered through NMFS.
- To order tags from Floy Tag Inc through NMFS, complete this section and include a separate check or money order for pot or trap tags (\$1.80 per tag) payable to FLOY TAG INC. Floy Tag Inc. will ship all Floy Tag orders to you directly; NMFS will not send tags with the permit package.

### **APPLICATION SECTION 12 – 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.**

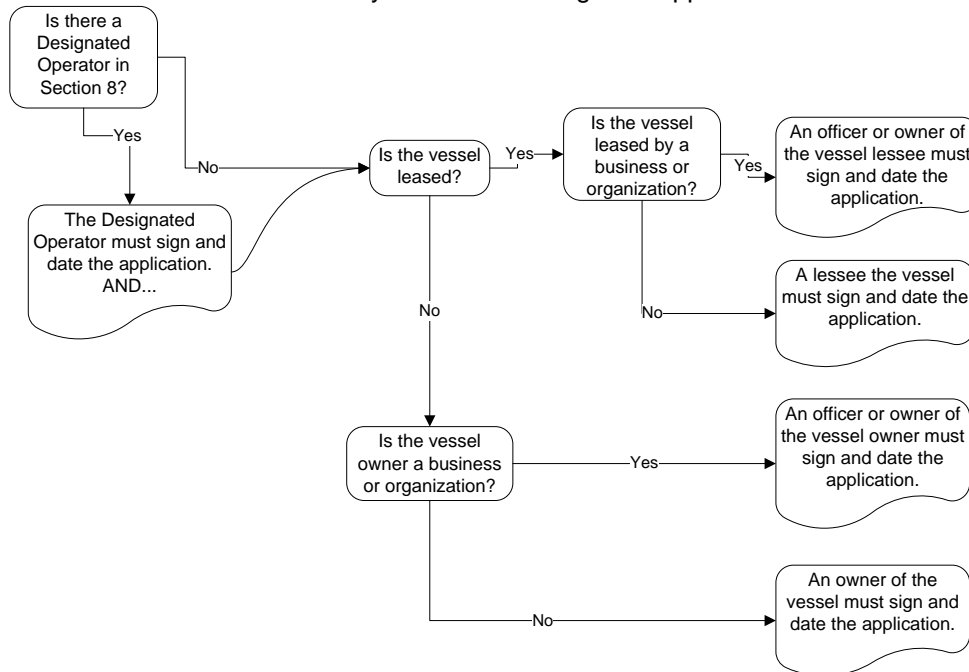


### **APPLICATION SECTION 13 – SIGNATURE FOR APPLICATION**

If the vessel is leased, a lessee or a lessee’s representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner’s representative must sign the application as the applicant.

If the vessel has a Designated Operator/Income Qualifier for Commercial Spiny Lobster permits, the Designated Operator must *also* sign and date the application.

The following flowchart describes how to identify who needs to sign 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 50 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 13<sup>th</sup> 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.

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



## FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

FOR OFFICE USE ONLY	
Reviewer Initials and date	
Application Check Or Money Order number and Amount	
Floy Tag Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration Date(s)	
SCAN DATE AND INITIALS	

FOR OFFICE USE ONLY

Application ID

**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)

**Passenger Capacity Data For Charter Vessels/Headboats Only**

UNINSPECTED VESSEL - "6-PACK"

USCG INSPECTED VESSEL: Specify Passenger Capacity as listed on the USCG Certificate of Inspection, not including Capt. and Crew.

**Hull Material**

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

**Fuel Data**

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity -  
Total Gallons

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

- ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER, ETC
- FREEZER
- LIVE WELL

**This vessel is used MOSTLY for (select only one)**

- Commercial Fishing
- Charter
- Headboat

**For Shark and Swordfish Directed and Incidental Permit Applicants Only:** Does your vessel fish with, or carry onboard, either longline or gillnet gear?

- Yes       No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".

**SECTION 2 - OPEN ACCESS PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee is \$25.00 for the first permit and \$10.00 for each additional permit or endorsement requested on this application. A separate decal is now required for each Gulf of Mexico charter/headboat permit. The fee is \$10 per decal per permit. The fee schedule is found with the Gulf of Mexico Charter/headboat permit requests on page 3.

**FEE SCHEDULE FOR PERMITS AND ENDORSEMENTS:**

Permit: 1: \$25 2: \$35 3: \$45 4: \$55 5: \$65 6: \$75 7: \$85 8: \$95 9: \$105 10: \$115 11: \$125 12: \$135

**INSTRUCTIONS:** Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

**OPEN ACCESS COMMERCIAL PERMITS**

**NEW      RENEW**

	NEW		RENEW	
ATLANTIC DOLPHIN/WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT) You must have an LC permit OR provide your FL SPL information below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROCK SHRIMP - CAROLINAS ZONE (RSCZ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF ROYAL RED SHRIMP ENDORSEMENT (GRRS) You must have a valid Gulf of Mexico Shrimp permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMS COMMERCIAL CARIBBEAN SMALL BOAT PERMIT (CCSB) Valid only in U.S. Caribbean (Puerto Rico and USVI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOOTH HOUND SHARK (SHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPEN ACCESS CHARTER/HEADBOAT PERMITS**

**NEW      RENEW**

	NEW		RENEW	
ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLANTIC CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPINY LOBSTER INCOME QUALIFICATION AFFIDAVIT**

An Income Qualification Affidavit is required with each application: "50CFR622.400 An applicant must provide the following information: (vi) A sworn statement by the applicant for a vessel permit certifying that at least 10 percent of his or her earned income was derived from commercial fishing, that is, sale of the catch, during the calendar year preceding the application. " Knowingly supplying false information or willfully overvaluing any fishing income for the purpose of obtaining a permit is a violation of Federal law punishable by a fine and/or imprisonment. The affidavit below fulfills this requirement to obtain a Spiny Lobster Permit

The following information applies to my income qualification for the Spiny Lobster fishery:

I, \_\_\_\_\_, hereby declare under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001; 16 USC 1857). I agree to provide the necessary documentation to prove that I met the earned income requirement when so requested by the National Marine Fisheries Service.

Executed on \_\_\_\_\_ (date signed). Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Business Name (if Applicable) \_\_\_\_\_ Type of business (if Applicable) \_\_\_\_\_

Position In Business (if Applicable) \_\_\_\_\_

**FOR LOBSTER TAILING PERMIT APPLICANTS ONLY**

**LOBSTER TAILING APPLICANTS:** To obtain a lobster tailing permit you must possess a Florida Saltwater Products License (SPL) with Restricted Species and Crawfish endorsements. If you do not have a Florida SPL with Restricted Species and Crawfish Endorsements, you must possess or simultaneously obtain a valid Federal Spiny Lobster (LC) permit.

*You must provide a copy of your Florida SPL if you do not have a Federal Spiny Lobster (LC) permit*

Saltwater Products License Number   
 Saltwater Products License Expiration Date

Crawfish Endorsement Number



**SECTION 3 - LIMITED ACCESS/MORATORIUM PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. Please refer to the fee schedule in section 2 of the application.,

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

<b>LIMITED ACCESS COMMERCIAL PERMITS</b>	<b>PERMIT NUMBER</b>	<b>TRANSFER</b>	<b>RENEW</b>
KING MACKEREL (KM)			
GILLNET FOR KING MACKEREL (GN)			
GULF OF MEXICO SHRIMP (SPGM)			
GULF OF MEXICO COMMERCIAL REEF FISH (RR)			
EASTERN GULF OF MEXICO REEF FISH BOTTOM LONG LINE ENDORSEMENT (RRLE)			
ROCK SHRIMP (SOUTH ATLANTIC EEZ) (RSLA)			
SOUTH ATLANTIC GOLDEN CRAB (GC)			
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1)			
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2)			
SOUTH ATLANTIC SEA BASS POT ENDORSEMENT (SBPE)			
SOUTH ATLANTIC GOLDEN TILEFISH ENDORSEMENT (GTFE)			
SWORDFISH DIRECTED (SFD)			
SWORDFISH HANDGEAR (SFH)			
SWORDFISH INCIDENTAL (SFI)			
SHARK DIRECTED (SKD)			
SHARK INCIDENTAL (SKI)			
ATLANTIC TUNA LONGLINE (ATL) Must have either SFI or SKI and either SFD or SKD			

<b>LIMITED ACCESS CHARTER/HEADBOAT PERMITS</b>	<b>PERMIT NUMBER</b>	<b>TRANSFER</b>	<b>RENEW</b>
--	----------------------	-----------------	--------------

**Fee Schedule for Charter Decals: 1 Decal - \$10 2 Decals - \$20.**

Note: Decal fees are in addition to normal permit fees. See fee Schedule at the top of section 2.

GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)			
GULF CHARTER/HEADBOAT FOR REEF FISH (RCG)			
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)			
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR REEF FISH (HRCG)			

**SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION**

**Section 4a: 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 4a** **Is this individual a United States Citizen or permanent resident alien?**  YES  NO

What 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"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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 4b: 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 4b** **Is this individual a United States Citizen or permanent resident alien?**  YES  NO

What 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"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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 5 – BUSINESS VESSEL OWNER(S) INFORMATION**

**Section 5a: 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:	<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"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> 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
<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:
<input type="text"/>	<input type="text"/>

**Section 5b: 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:	<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"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> 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
<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:
<input type="text"/>	<input type="text"/>

## SECTION 6 –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 6a: 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 6a** 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.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 20px;" type="text"/>	Cell Phone number and provider: <input style="width: 95%; height: 20px;" type="text"/>
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**Section 6b: 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 _____	<b>Was this Business properly established by the laws of the United States or any state of the United States?</b>	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 6b**

Registered Name of Business

Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; 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: 95%; height: 20px;" type="text"/>	Cell Phone number and provider: <input style="width: 95%; height: 20px;" type="text"/>
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**SECTION 7 - 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 7a: 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 7b: 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 8 - 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 5a, 5b, 6b, and 7. Copy this section as needed.

**Section 8a: 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.**

**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 8b: 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.**

**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 9 - OWNER INFORMATION FOR UNNAMED MINOR SHAREHOLDERS OF BUSINESSES**

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.  
 TOTAL PERCENTAGE of the business shares held by minor owners.

**SECTION 10 - HISTORICAL CAPTAIN OR DESIGNATED OPERATOR (INCOME QUALIFIER)**

This individual is a (check Historical Captain OR Designated Operator):

Historical Captain for Gulf of Mexico Charter/Headboat permits

Designated Operator (Income Qualifier who is not the Permit Holder) for Commercial Spiny Lobster

**A Historical Captain MUST sign Section 9 as the applicant.**

**A Designated Operator MUST sign Section 9 as the operator along with the applicant.**

**NOTE: All mail about historical Captain Permits will go to the individual listed as the Historical Captain.**

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

What 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"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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 11 - SEA BASS POTS OR GOLDEN CRAB TRAPS**

COMPLETE THIS SECTION ONLY IF YOU HAVE SEA BASS POTS OR IF YOU HAVE GOLDEN CRAB TRAPS.

Tag cost is \$1.80 per tag made payable by check or money order to Floy Tag, Inc.

I need tags for:  Sea Bass Pots  Golden Crab Traps

What color are your Buoys for Sea Bass Pots or Golden Crab Traps?

**South Atlantic Sea Bass Pot/Golden Crab Trap Information** - You are allowed a MAXIMUM of 35 Sea Bass Pots

Number of Pots/Traps	Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 12 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

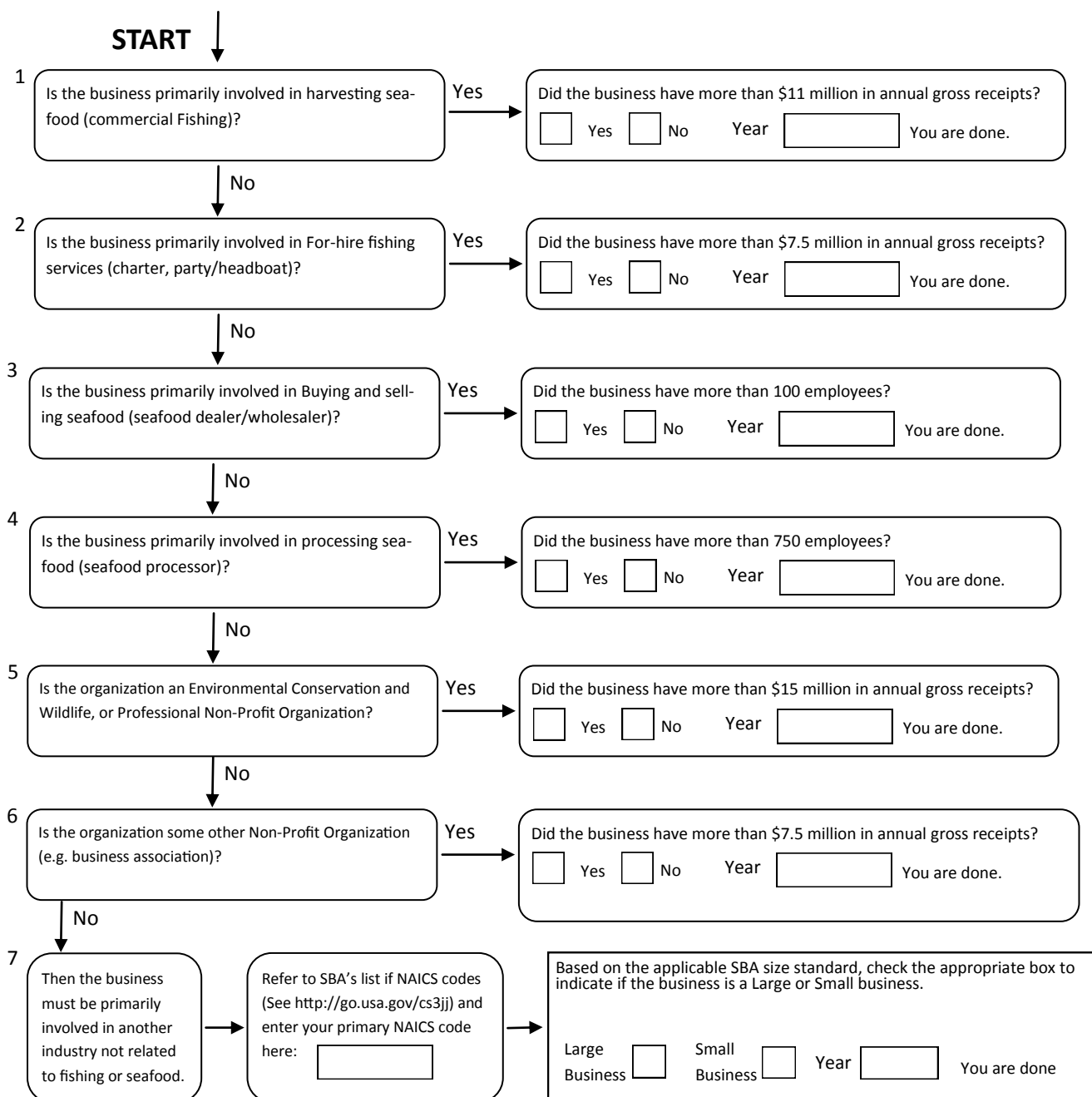
**☞ (All Applicants must complete this section)**

- ☞ 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 13 - SIGNATURE FOR APPLICATION - REQUIRED**

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 6a, or an officer or shareholder of the lessee as listed in Section 7b, with that individuals information listed in section 8. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 8.

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"/>