

U.S. DEPT OF COMMERCE, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13TH Avenue South
 St. Petersburg, FL 33701
 Toll Free 877/376-4877 8:00 am - 4:30 pm ET
 727/824-5326 (8:00 am - 4:30 pm ET)
 sero.nmfs.noaa.gov/permits

REPORT FOR THE DEPOSIT OR HARVEST OF AQUACULTURED LIVE ROCK

OMB Control No. 0648-205;
 Expiration Date: 04/30/2017
 Form revised 10/15/2014



FOR OFFICE USE ONLY	
Reviewer Initials and Date Entered	

INSTRUCTIONS: Complete section 1 and either section 2 or 3 with all information. Please sign, date, and print your name in section 4. You must fill out a separate report for each deposit or harvest activity. Do not list deposits or harvests done on the same date on the same report. You must make a separate report for each deposit of materials that are from different sources, suppliers and/or geographic origin, even if made on the same date.

1. PERMIT HOLDER INFORMATION

Permit holder as shown on the permit

Site number the material was deposited to or harvested from

2. DEPOSIT INFORMATION

Name of the source/supplier of the deposited material

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address						

Geographic origin of the deposited material

Date Deposited (dd/mm/yyyy)	Average Dimensions (inches) (e.g. 12" x 12")	Total Weight Deposited (Pounds)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

3. HARVEST INFORMATION - FILL OUT ONLY IF LANDED OUTSIDE THE STATE OF FLORIDA

NOTE: If landing **INSIDE** the state of Florida, you must report to the Fisheries Department Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marine Fisheries Trip Ticket). Call the trip ticket office at 727/896-8626 for more information.

Name of the purchaser of the harvested material

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
<input type="checkbox"/> Check box if same as Mailing Address						

Date Harvested (mm/dd/yy)	Total Weight Harvested (pounds)	Price Per Pound	Total Dollar Value
<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"/>

4. SIGNATURE

SIGNATURE

PRINTED NAME

POSITION IN COMPANY

DATE

Public reporting burden for this collection of information is estimated to average 15 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/SER2, 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. Confidential name and address information will be released via a NOAA Fisheries website. 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.