

Renewals

Permit Numbers: Go

Search

Keywords: SEARCH... Go

> Use Permit Filtering

Tools

- USCG Vessel DB Lookup
- GC Sanctions Check
- OLE VMS Check
- Do Not Permit List
- Deceased Persons Inquiry
- USPS Address Verification
- Letter Generator

Online Form Definition

Form Code: R3TP-1
Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
 - Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Owner of Permit Display sequence: 1.1

SECTION Title: (max 500 chars)
UNITED STATES BASED BUSINESS INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Owner of Permit) will be displayed if answers provided by the applicant match the answers defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | Key | K/O | Sec | More... |
|--|--------|-------------------------------------|--------------------------|--------------------------|-----|---------|
| Business Name | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | |
| Date of Incorporation | Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | |
| Business Tax Identification Number (EIN) | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | |
| DUNN Number | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | |
| BUSINESS ORGANIZATION TYPE | Lov | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | |
| Address of Record | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 | |
| Phone of Record | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70 | |
| E-mail of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80 | |
| US IMPORTER NUMBER | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 90 | |
| Contact Person | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100 | |
| Call Phone of Record | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| FOREIGN ADDRESS OF RECORD | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fax of Record | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary Business Mailing Address | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Address | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Fax | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Phone | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate cell phone | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Articles of Incorporation on File | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BUSINESS OWNER NAME | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Business Related Comments | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Business e-mail address | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| CONTACT PERSON TITLE | Lov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Citizenship | Lov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Contact Person Role | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Data Load Identifier | Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ELIGIBLE OWNER | Lov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Online Form Definition

Form Code: R3TP-1
Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

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Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Extended Attributes Display sequence: 2.13

Section Title: (max 500 chars)
ADDITIONAL FACILITIES

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Extended Attributes) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | Req | Req | Req | More... |
|--|------|-------------------------------------|--------------------------|--------------------------|-----|---------------------|
| PURCHASED/RECEIVED LOCATION NAME | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | ... |
| PURCHASED/RECEIVED LOCATION TELEPHONE NUMBER | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | ... |
| PURCHASED/RECEIVED LOCATION | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | ... |
| PURCHASED/RECEIVED LOCATION FAX NUMBER | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | ... |

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- Letter Generator

Online Form Definition

Form Code: R33P-1

Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Owner of Permit Display sequence: 1.2

SECTION Title: (max 500 chars)
FOREIGN BASED BUSINESS INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | Req | Req | Req | More... |
|---|------|-------------------------------------|-------------------------------------|-------------------------------------|-----|---------------------|
| Business Name | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10 | ... |
| Date of Incorporation | Date | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 20 | ... |
| DUNN Number | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 30 | ... |
| BUSINESS ORGANIZATION TYPE | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 40 | ... |
| OTHER BUSINESS TYPE | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50 | ... |
| E-mail of Record | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 60 | ... |
| FOREIGN ADDRESS OF RECORD (NON-GLOBAL) | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70 | ... |
| FOREIGN PHONE NUMBER OF RECORD (NON-GLOBAL) | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80 | ... |
| US IMPORTER NUMBER | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90 | ... |
| FOREIGN FAX NUMBER OF RECORD (NON-GLOBAL) | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100 | ... |
| Contact Person | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 110 | ... |
| CONTACT PERSON TITLE | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | ... |
| Contact Person Role | Text | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | ... |

Save Cancel

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Online Form Definition

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Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

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 - Owner of Business (Ind)
 - Business Extended Attributes
- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
- Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Owner of Permit Display sequence: 1,3

SECTION Title: (max 500 chars)
UNITED STATES BASED INDIVIDUAL INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant(n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | End | Key | K/O | Seq | More... |
|---|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----|---------|
| Full Name | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | |
| Date of Birth | Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | |
| SSN | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | |
| Address of Record | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | |
| Phone of Record | Set | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | |
| E-mail of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 | |
| US IMPORTER NUMBER | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70 | |
| Call Phone of Record | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| FOREIGN ADDRESS OF RECORD | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fax of Record | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Physical Address Location | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary Business Mailing Address | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Address | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Fax | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Phone | Set | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Applicant Title | Lov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Application signature date | Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Business e-mail address | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| COUNTRY OF CITIZENSHIP | Lov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Captain License Number | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Coast | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Data Load Identifier | Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Date of Most Recent Program Related Training Workshop | Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Eye Color | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Facilities Where Fish Received | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Gender | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hair Color | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Bus)
 - Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Owner of Permit Display sequence: 1,4

Section Title: (max 500 chars)
FOREIGN BASED INDIVIDUAL INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Owner of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | Ind | R/P | Seq | More... |
|--|------|-------------------------------------|--------------------------|--------------------------|-----|---------------------|
| Full Name | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | ... |
| Date of Birth | Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | ... |
| E-mail of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | ... |
| US IMPORTER NUMBER | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | ... |
| FOREIGN ADDRESS OF RECORD | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | ... |
| FOREIGN FAX NUMBER OF RECORD | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | ... |
| FOREIGN PHONE NUMBER OF RECORD | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | ... |
| Relationship to Vessel owner or Managing Owner | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | ... |

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Permit Numbers: Go

Search

Keywords: SEARCH... Go

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 - Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
 - Owner of Permit (Ind)
 - Agent Of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
 - Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Business Agent Of Permit Display sequence: 1.5

Section Title: (max 500 chars)
UNITED STATES REGISTERED BUSINESS AGENT INFORMATION

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

This section (Business Agent Of Permit) will be displayed if answers provided by the applicant match the answers to the questions defined below:

Q: Is the applicant (n):

A: Business based in the United States
 Business based in a foreign nation
 Individual based in the United States
 Individual based in a foreign nation

| Section Fields | Type | Req | Key | K/O | Seq | More... |
|--|------|-------------------------------------|--------------------------|--------------------------|-----|---------|
| Business Name | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | |
| Date of Incorporation | Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | |
| Business Tax Identification Number (EIN) | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | |
| DUNN Number | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | |
| Address of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | |
| Phone of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 | |
| E-mail of Record | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70 | |
| Contact Person | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80 | |
| UNITED STATES CUSTOMS DISTRICT | Text | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 90 | |
| Cell Phone of Record | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| FOREIGN ADDRESS OF RECORD | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Fax of Record | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary Business Mailing Address | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Address | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Fax | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate Phone | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Temporary/Alternate cell phone | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Articles of Incorporation on File | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BUSINESS ORGANIZATION TYPE | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BUSINESS OWNER NAME | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Business Related Comments | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Business e-mail address | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| CONTACT PERSON TITLE | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Citizenship | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Contact Person Role | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Data Load Identifier | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ELIGIBLE OWNER | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Keywords:

[Use Permit Filtering](#)

Tools

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- [GC Sanctions Check](#)
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 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
- Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Dealer License Information Display sequence: 1,6

Section Title: (max 500 chars)
FEDERAL OR STATE DEALER LICENSES

Instructions/Remarks: (max 4000 chars)
Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)
 Conditional Section: Check if certain conditions must be met for this section to be displayed

Section Fields
DEALER LICENSE INFORMATION

| Type | Gr | Req | Gr | Gr | Gr | More... |
|-------|----|-----|----|----|----|---------|
| Group | DL | DL | DL | DL | DL | |
| | | | | | | |

Renewals

Permit Numbers: Go

Search

Keywords: SEARCH... Go

Tools

- USCG Vessel DB Lookup
- GC Sanctions Check
- OLE VMS Check
- Do Not Permit List
- Deceased Persons Inquiry
- USPS Address Verification
- Letter Generator

Online Form Definition

Form Code: R3TP-1
Form: FISHERIES INTERNATIONAL TRADE PERMIT APPLICATION FORM

Select the sections and fields to be included in the form by placing a check mark in the appropriate boxes.

Form

- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Business Extended Attributes
- Owner of Permit (Bus)
 - Owner of Business (Ind)
 - Owner of Permit (Ind)
- Agent of Permit (Bus)
 - Owner of Business (Ind)
 - Dealer License Information
- Permit Extended Attributes
- Vessel
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Foreign Vessel Flag
 - Foreign Vessel Owner
 - Foreign Vessel Operator
 - Operator of Vessel (Ind)
 - Operator of Vessel (Bus)
 - Owner of Business (Ind)
 - Sanction
 - Marine Mammal Safety
 - For Office Use Only
 - Authorized Gear
 - Vessel Processor
 - Owner of Vessel (Bus)
 - Owner of Vessel (Ind)
 - Captain of Vessel
 - Applicant of Permit

SECTION: Permit Extended Attributes

Section Title: (max 500 chars)

TARGETED SPECIES

Instructions/Remarks: (max 4000 chars)
Select the species that will be traded.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

| Section Fields | Type | Req | End | Res | #/O | Sec | Men... |
|---|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| INTENDED TRADE SPECIES | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AI Harvest Limit area ATKA Mackerel Endorsement | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allocation Type | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Area of Operation | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BSAI ATKA MACKEREL Endorsement | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catch requirements met | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Citizenship | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crew Size | Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Most Recent Program Related Training Workshop | Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Endorse | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FMP Category | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fishery Code | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed Gross Registered Tons (GRT) | Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GOA Inshore processing endorsement | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gear Type | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Location of Training Workshop | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MMM PERMIT TYPE | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of operating vessel | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Federal/State/ Commercial Licenses Held by Operator | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PACIFIC COD Endorsement | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERMIT AREA | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POLLOCK Endorsement | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Processing Sector | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regional Fishery Management Organization (RFMO) | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TARGETED SPECIES | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Dollar Value | Number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vessel Operation Type | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WORKSHOP PROVIDER | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workshop | Text | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Permit Numbers:

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 - Applicant of Permit

SECTION: Applicant Display sequence: 1.13

SECTION Title: (max 500 chars)

APPLICANT INFORMATION

Instructions/Remarks: (max 4000 chars)
 Enter the requested information.

Repeating Section: Check if the applicant can provide multiple entries of this section (ex. multiple owners)

Conditional Section: Check if certain conditions must be met for this section to be displayed

Section Fields

| Field Name | Type | Req | Max | Min | More... |
|--|------|-------------------------------------|-----|-----|---------|
| Signator name | Text | <input checked="" type="checkbox"/> | | | |
| Application signature date | Date | <input checked="" type="checkbox"/> | 10 | | |
| Applicant Title | Text | <input checked="" type="checkbox"/> | 30 | | |
| DESIGNATED OPERATOR NAME | Text | <input type="checkbox"/> | | | |
| DESIGNATED OPERATOR SIGNATURE DATE | Date | <input type="checkbox"/> | | | |
| Relationship to Vessel owner or Managing Owner | Text | <input type="checkbox"/> | | | |