U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION FISHERMEN'S CONTINGENCY FUND 15-DAY REPORT					NOAA FORM 88-166		
					Revised 10-2014 OMB Approved NO. 0648-0082 EXPIRES 02-28-2018		
Claimant's Name					SSN		
Business Name					Tax ID#		
Mailing Address					Phone (w	v)	
City	State				Cell		
Email Address					Phone (h)		
Vessel Name Vessel #					Date		
Locational coordinates of obstruction (GPS)							
Description of the nature of the damage or loss							
Description of what caused the damage or loss (i.e. What did the vessel/gear hang on?)							
Damage or loss discover on	(date) an	d	(time).	Vessel retur	ned to por	rt on (date).	
INSTRUCTIONS AND INFORMATION							
 You must report the above information within 15 days after the date your vessel first returned to port after discovering such damage or loss to the Fishermen's Contingency Fund (FCF) at 301.427.8725 or to the address below. You must also file a completed Claim Application within 90 days of the loss or damage. NOAA Form 88-164, FCF Claim Application Form, may be used or see the FCF Regulations at 50 CFR Part 296. In order to gain a presumption that your damage or loss was caused by an item related to Outer Continental Shelf oil and gas activities, you must submit the above information to National Marine Fisheries Service (NMFS) within the 15-day period. If the report is not submitted within the 15-day period, the presumption exception will not be allowed and you will have to prove that the obstruction causing the loss or damage was related to the oil and gas activities. Attached additional sheet(s), as needed. Claimant must agree to repay all or any part of the award if the award should be subsequently reduced. Privacy Act Statement. Section 3701 of Title 31, United States Code, authorizes collection of this information. This information is part of an application for benefits and is required to obtain those benefits. The primary use of social security numbers or taxpayer identification numbers is to verify the identity of the applicant(s) and to allow preparation of IRS Forms 1099s for claim payments, as required pursuant to Section 6109 of the Internal Revenue Code. Public reporting burden for the collection of information for a complete FCF claim (both Form 88-164 and 88-166) is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to NMFS FCF. Confidential na							
Contact information: NMFS F/MB5 FCl MD 20910. Telephone: 301.427.8725.	F, 1315 East Fax: 301.71	t West High 3.1306. Add	way, 13 ^m Flo ditional info	oor, Silver Sp rmation at:	ring,	FCF Staff Initials	

www.nmfs.noaa.gov/mb/financial_services/fcf.htm