

	<h2 style="margin:0;">Catcher/Processor Observer Partial Coverage Request</h2>	NOAA/National Marine Fisheries Service (NMFS) Alaska Region Sustainable fisheries Division (SF) P.O. Box 21668 Juneau, Alaska 99802-1668 Telephone: 1-(800) 304-4846 #3 toll free or (907) 586-7228 FAX: (907) 586-7465	
--	--	--	---

**This form may be submitted ONLINE.**

**This request must be filed annually before October 15 of the year prior to fishing activity.**

**Notice:** NMFS will provide written notification of request approval or denial. If approved, you will receive instructions and necessary information to log trips in the Observer Declare and Deploy System (ODDS).

**REQUEST ACKNOWLEDGEMENT**

<input style="width: 40px; height: 30px;" type="checkbox"/>	1. By marking this box, I verify that the vessel named in <b>Block B</b> is eligible to be placed in the observer partial coverage category as described at 50 CFR part 679.51 and I request this vessel be placed in the partial coverage category for the fishing year indicated in Box 2.	2. Fishing Year:
---	--	------------------

**BLOCK A -- OWNER INFORMATION**

1. Owner Name:	2. Company Name ( <i>if any</i> ):	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address:

**BLOCK B -- VESSEL INFORMATION**

1. Vessel Name:	2. Federal Fisheries Permit Number:
-----------------	-------------------------------------

**BLOCK C – APPLICANT CERTIFICATION**

*Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.*

1. Applicant Name ( <i>please print or type</i> ) If representative, <b>attach authorization</b>	
2. Signature:	3. Date:

<b>For Administrative use only:</b>		
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____	Date Received _____ Date Notified _____ Same as previous year Y / N	Notes:

**Instructions**  
**CATCHER/PROCESSOR**  
**OBSERVER PARTIAL COVERAGE REQUEST**

**This form may be submitted ONLINE.**

NMFS will place a catcher/processor in the partial observer coverage category if the vessel owner requests placement by the annual deadline specified and the vessel meets the production threshold of 79,000 lb (35.8 mt) of average weekly groundfish production (excluding groundfish caught with trawl gear).

Complete this form only if you are requesting to have your vessel placed in the partial coverage category for all fishing activity, excluding participation in a Limited Access Privilege Program that requires additional observer coverage as described at 50 CFR part 679.51(a)(2)(iv). The October 15 deadline does not apply to vessels with no production from 2009 through the standard basis year.

This form is available through the Internet on the NMFS Alaska Region website at <https://alaskafisheries.noaa.gov/fisheries-applications>.

Type or print legibly in ink; retain a copy of completed application for your records.

When application is complete,

Mail to: NMFS Alaska Region  
Sustainable Fisheries Division  
P.O. Box 21668  
Juneau, AK 99802-1668

Fax to: (907) 586-7465

Online to: <https://alaskafisheries.noaa.gov/webapps/efish/login>

If you need additional information, contact Sustainable Fisheries Division at 1-(800) 304-4846 #3 toll free or (907) 586-7228.

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

**COMPLETING THE REQUEST**

**REQUEST ACKNOWLEDGEMENT**

1. Check the box to indicate that you request your vessel be placed in the partial coverage category for observer coverage for fishing activity that occurs in year indicated in box 2.
2. Enter the four digit year in which you would like your vessel placed in the partial coverage category.

## BLOCK A -- OWNER INFORMATION

1. Name. Enter the full name(s) of the owner(s) of the vessel listed in Block B.  
**Note:** If there is more than one owner, list the principal owner first.
2. Company Name. Enter the name of the company, other than the owner, that manages the operations of the vessel (if any).
3. Business Mailing Address. Enter your complete permanent business mailing address, including street or P.O. Box, city, state, and zip code. Notification that your vessel has been placed in the partial coverage category will be sent to this address, unless otherwise notified.
- 4-6. Telephone Number, Fax Number, and e-mail Address.  
For telephone and/or fax numbers, include the area code.  
Enter contact information where you can be reached. It is very important that you provide a number where we can contact you, or where we can leave a message for you. If questions arise concerning your application, and we are unable to contact you, the placement of your vessel in the partial coverage category will be delayed.

## BLOCK B -- VESSEL INFORMATION

1. Vessel Name. Enter the complete vessel name as displayed in the official documentation.
2. Federal Fisheries Permit Number. Enter the vessel's current FFP number.

## BLOCK C – APPLICANT CERTIFICATION

### Non-electronic Certification

The owner or authorized representative must print name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The application will be considered incomplete without this signature. If authorized representative, **attach** authorization.

### Electronic Certification

The designated representative must log into the system as indicated on the computer screen. By using the NMFS ID, password, and Transfer Key and submitting the application, the designated representative certifies that all information is true, correct, and complete to the best of his or her knowledge and belief.

---

### ***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 30 minutes per paper response or 5 minutes online, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

### ***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject 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; 2) This information is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.) as amended by Public Law 109-479; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

