NMFS VESSEL MONITORING SYSTEM (VMS) PROGRAM GREATER ATLANTIC REGION

FISHING VESSEL	NAME:							
NMFS FISHERIES	PERMIT NUMBER	:						
COAST GUARD D	OCUMENTATION (OR STATE REC	SISTRATION	NUMBER: _				
VMS MONITORING	g for (Circle <u>al</u>	<u>L</u> THAT APPL	Y):					
SCALLOP	MULTISPECIES	MONKFISH	HERRING	SURFCLA	M/OCEAN	QUAHO	Э	
As required by 50 and communication Division, at (978) declaration) are a meeting the VMS	ons service to NM 281-9213. This i utomatically sent	IFS by calling s necessary to to and receive	the Office of o ensure the d by NMFS (f Law Enfo at position OLE. Your	rcement (C reports (a vessel is r	DLE), No and an	ortheast activity	
PERMIT HO	LDER: PLEASE C	OMPLETE THE	E FOLLOWIN	G REQUES			 1:	
I CERTIFY THAT T REGION (GAR)-AF			HAS THE FO	LLOWING N	IMFS GREA	ATER AT	LANTIC	
BOATRAC	s sky	MATE	GMPCS	(CLS AMERI	СА	-	
INSTALLING DEAL	LER NAME, ADDRE	ESS AND TELE	PHONE NUM	IBER:				
DATE OF VESSEL	. INSTALLATION: _							
MODEL AND SERI	AL NUMBER OF V	MS UNIT:				-		
VMS E-MAIL ADDF	RESS OF VESSEL:	·				£-1		
IS THE VMS UNIT VERSION?	ACTIVATED ON T	HE VESSEL W	ITH THE CUF	RRENT GAF		TWARE		
IS THE VMS UNIT	READY TO RECE	VE AND SEND	MESSAGES	, INCLUDIN		RMS?		
IS THE VESSEL O	WNER TRAINED C	ON THE USE O	F THE VMS U	JNIT BY TH		IDOR?		
I understand that I also understand regarding the use understand how to	that I am subject t e of VMS. I have o operate the VMS	o the provision received inst	s and require ructions fror	ements of 5 n the VMS	0 CFR §648 vendor lis	8.9 AND sted abo	§648.10 ove and	
PERMIT HOLDER'								
PERMIT HOLDER'S SIGNATURE:			DATE:					

SEND THIS ORIGINAL COMPLETED FORM TO:

NOAA FISHERIES OFFICE OF LAW ENFORCEMENT NORTHEAST DIVISION 55 GREAT REPUBLIC DRIVE GLOUCESTER, MA 01930 ATTN: VMS PROGRAM

or, fax to 1-978-281-9317

OMB Control No. 0648-0202 Expiration Date: 07/31/2016

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or suggestions for reducing this burden to: John K. Bullard, Regional Administrator, Greater Atlantic Regional Fisheries Office (formerly, Northeast Regional Office), NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2276; and to Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The information will be used in the management of the Atlantic sea scallop, Northeast multispecies, monkfish, herring and surfclam/ocean quahog fisheries by ensuring compliance with VMS regulations listed under 50 CFR §648.9 and §648.10 (b). Notwithstanding any other provision of the 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. Any information submitted by any person to obtain a permit is not confidential, and may be disclosed upon request.

