Vessel Monitoring System (VMS) Installation and Activation Certification For the South Atlantic Rock Shrimp Fishery

PLEASE COMPLETE THIS FORM BY PROVIDING ALL REQUESTED INFORMATION

Fishing Vessel (F/V) Name:		
Vessel state registration number or U.S. Coast Guard documen	tation number:	
Installing marine electrician or dealer (name, address, and telep	phone number):	
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Date of Installation (mm/dd/yyyy):		
VMC Mobile Transcriver Unit (MTII)		
VMS Mobile Transceiver Unit (MTU) Manufacturer name:		
Model:		
Manufacturer Serial Number (S/N):	The state of the s	_
Communication network serial number (ISN):		
	7	
VMS Mobile Communications Service Provider (MCSP)		
Communications provider name:		
Communications ID number assigned by service provider:		
Did the manufacturer/vendor provide VMS MTU operating ins	tructions?	Yes No
Did the manufacturer/vendor provide training on the use of the		Yes No
Once the VMS MTU was installed, did the electrician/dealer, or		
verify with NOAA OLE VMS Program personnel that position		
In accordance with 50 CFR $622.205(b)$, as the owner or operator of a vess		
shrimp fishery, I hereby certify that the VMS unit on my vessel has been i		
activated, and receipt of position data has been verify by NO ₂ A Office of personnel, in compliance with the applicable procedures of the installation		S Program
personner, in compitance with the applicable project in soft in anistantion	Talle activation form.	
Vessel owner name:		
	Date:	
Vessel operator name:	i 	
Vessel operator signatur	Da TAT	
UILLE UI	Law	
Submit this completed certification to the NOAA/NMFS, Office of Law E	inforcement, Southeast Divisio	n VMS Program
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m, 263 13th Avenue South, Suite 109, St. Petersburg, FL 33701.

579), you are advised that Under the provisions of the Paperwor disclosure of the requested informatio used to ensure proper operation of the re with NOAA Administrative Order 216-100. The public reporting burden for this collection of information is estimated to be 15 minutes for completion and submission of the statement certifying compliance with the installation and activation checklist. The estimates of public reporting burden for this collections of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Written comments regarding the burden-hour estimate or other aspects of this collection-of-information requirement, or suggestions for reducing this burden should be sent to Adam Bailey, NMFS, Southeast Regional Office, 263 13th Avenue South, St. Petersburg, FL 33701.