



Instructions for the Federal Permit Application for Southeast Region Issued Operator Card

Rev 06/03/2019

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at <https://www.fisheries.noaa.gov/permits-and-forms>.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp permits are not valid when underway for fishing in the Atlantic EEZ unless the operator or a crewmember on board the vessel holds a valid Operator Card.

What Sections do I complete?

All applicants must fill out Section 1, and Section 2. All fields should be typed or printed in inkw

What is the fee?

The application fee is \$50 and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application. There is an \$18 fee to replace a lost Operator Card.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to:

NMFS Permits Office (F/SER14)
263 13th Avenue South,
St. Petersburg, FL 33701

To receive an operator card via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite application processing; it only expedites delivery of your completed operator card package.

What supporting documentation do I need?

- Photograph:** Provide two (2) passport style photographs of the applicant. The photographs must be:
 - In color.
 - Printed on photo quality paper.
 - 2 x 2 inches (51 x 51 mm) in size.
 - Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
 - Taken within the last 6 months to reflect your current appearance
- Payment:** Include a signed check or money order for \$50 made out to the US Treasury.



APPLICATION SECTION 1 – OPERATOR INFORMATION.

- Provide the operator's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain an Operator Card.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- Provide the applicant's place of birth.
- Provide the applicant's current height, weight, eye color, and hair color.



APPLICATION SECTION 2 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 2.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, Vessel length, Vessel tonnage (gross and net), Vessel horse power, in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

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U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701

Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)

727-824-5326 (9:00 a.m. - 4:00 p.m. ET)

<https://www.fisheries.noaa.gov/permits-and-forms>



**FEDERAL APPLICATION FOR
 SOUTHEAST REGION ISSUED
 OPERATOR CARD**

FOR OFFICE USE ONLY
 Application ID

FOR OFFICE USE ONLY

| | |
|--|--|
| Reviewer's Initials and Date | |
| Expiration Date | |
| Check or Money Order Number and Amount | |
| SCAN DATE AND INITIALS | |

SECTION 1 - VESSEL OPERATOR (CARD OWNER) PERSONAL INFORMATION

Are you a United States Citizen or permanent resident alien? YES NO

Are you of Hispanic, Latino, or Spanish origin? Yes No

What is your race?

| | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Other _____ |

| | | | |
|----------------------|----------------------|----------------------|-----------------------|
| Last Name | First Name | Middle Name | Suffix - Jr, Sr, etc. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------------|----------------------------|----------------------|----------------------|
| Individual Tax ID Number (SSN) | Date of Birth (MM/DD/YYYY) | Area Code | Phone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mailing Address | Apt # | City | State | County/Parish | Zip Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Check box if the Physical Address is the same as the mailing address.

| | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Physical Address (PO Box not acceptable) | Apt # | City | State | County/Parish | Zip Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

| | | |
|------------------------------------|----------------------|----------------------|
| Birth Place (City, State, Country) | Weight (lbs) | Height (ft & in) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | | | | | | | | | |
|--|--------------------------------------|--------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------------|--|--------------------------------|---------------------------------|--------------------------------|------------------------------|-------------------------------|--------------------------------------|--------------------------------|--|
| <p style="text-align: center;">Eye Color</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Brown</td> <td><input type="checkbox"/> Green</td> </tr> <tr> <td><input type="checkbox"/> Blue</td> <td><input type="checkbox"/> Hazel</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> | <input type="checkbox"/> Brown | <input type="checkbox"/> Green | <input type="checkbox"/> Blue | <input type="checkbox"/> Hazel | <input type="checkbox"/> Grey | <input type="checkbox"/> Other _____ | <p style="text-align: center;">Hair Color</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Brown</td> <td><input type="checkbox"/> Blonde</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Red</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td></td> </tr> </table> | <input type="checkbox"/> Brown | <input type="checkbox"/> Blonde | <input type="checkbox"/> Black | <input type="checkbox"/> Red | <input type="checkbox"/> Grey | <input type="checkbox"/> Other _____ | <input type="checkbox"/> White | |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Green | | | | | | | | | | | | | | |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Hazel | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grey | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Blonde | | | | | | | | | | | | | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Red | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grey | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> White | | | | | | | | | | | | | | | |

If you are clean shaven or balding, indicate your actual hair color.

SECTION 2 - SIGNATURE - REQUIRED

| | | |
|----------------------|----------------------|----------------------|
| Applicant Signature | Print Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |