

**TRAWL IDENTIFICATION
OF OWNERSHIP
INTEREST FORM
PACIFIC COAST GROUND FISH
TRAWL RATIONALIZATION
PROGRAM**

UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
National Marine Fisheries Service, West Coast Region
Fisheries Permits Office
7600 Sand Point Way NE, Bldg. 1
Seattle, WA 98115-0070



Phone (206) 526-4353 Fax (206) 526-4461
www.westcoast.fisheries.noaa.gov

OMB Control No. 0648-0620, Expires on: xx/xx/xxxx

INSTRUCTIONS

This form must be completed and submitted to the National Marine Fisheries Service (NMFS) at the address given above to provide ownership information for individuals or businesses applying for or renewing: a quota share (QS) permit and account, a vessel account, a mothership (MS) permit, or a mothership catcher vessel (MS/CV) endorsed limited entry permit. Ownership interest information will assist NMFS in determining compliance with accumulation limits for ownership and control under the trawl rationalization program. Any individual or business applying for or renewing any of the above permits, accounts, or endorsements must document those individual persons that have an ownership interest in the amount of greater than or equal to 2 percent.

Please type or print legibly in ink. Attach additional sheets as necessary. Sign in ink, keep a copy for your records, and mail the original completed form to the address listed above.

Section A – Permit or Vessel Owner Identification

- **Field 1. Permit Number or Vessel Name and USCG or State Registered Vessel Number:** If you are submitting an ownership interest form with an application or renewal for a QS permit and account, or a renewal for an MS permit or MS/CV endorsed limited entry permit, list the permit number. If you are submitting an ownership interest form with an application or renewal for a vessel account, please provide the name of the vessel and its USCG or state registered vessel number.
- **Fields 2-3. Legal Name of Permit or Vessel Owner and TIN or DOB:** Enter the name of the business entity or individual that owns the permit or vessel. If a business entity, list tax identification number (TIN). If an individual person, list date of birth (DOB) using the format mm/dd/yyyy.
- **Field 4. State Registered In (if business):** If a business entity, list the state where that entity was established and is currently recognized as active.
- **Field 5. Business Mailing Address:** Enter the business mailing address, including street or PO Box number, city, state, and zip code where the item(s) should be sent. This information should match the information provided on the application or renewal form.
- **Field 6-8. Business Phone/Fax/Email:** List the business telephone and fax numbers, including area codes; fax number and email are optional. This information should match the information provided on the application or renewal form.

Section B – Identification of Shareholders and Partners

The intent of Section B (Parts 1 and 2) is to identify all of the individuals who control the business and their percent of ownership interest. Use as many pages as needed to list each entity down to the individual level. Please note that only ownership interest for shareholders with greater than or equal to 2% ownership interest in the business entity must be reported.

- **Part 1 – first level**
Part 1 must be filled with the business entities or individuals listed in Section A. List the TIN for business entities and the date of birth (DOB) for individuals. List the mailing address (if different than Section A), and the % ownership interest in the permit as listed in Section A. Please see examples below.

- **Part 2 – second level**

If Part 1 included any business entities, Part 2 should be completed. For example, if Part 1 listed a business entity and an individual, only the business entity would need to be entered into Part 2. If the business entity is able to be listed to the individual level in Part 2, no further identification is needed. However, if Part 2 includes a business entity, you will need to list this ownership behind this entity. All business entities owning 2% or greater interest in the permit or vessel must be listed to the individual level. Please see examples below and print additional pages and write in “third level”, “fourth level”, etc. if needed.

Example A: jointly named owners, two individuals

Part 1

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	75
Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	25
TOTAL OWNERSHIP =			100%

Part 2

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD
business name from Part 1			
TOTAL OWNERSHIP =			%

Example B: jointly named owners, an individual and a business

Part 1

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Dragger, Joe A	05/15/1959	3 Dover Lane Astoria, OR 54321	50%
Trawlers, Inc.	91-1234567	PO Box 70, Newport, OR 54123	50%
TOTAL OWNERSHIP =			100%

Part 2

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD
business name from Part 1 Trawlers, Inc.			
Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	55%
Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	30%
Ishmael, Mark S	03/07/1965	8 White Whale Dr. Newport, OR 54123	10%
Queequeg, Warren G	07/23/1968	13 Wildside Blvd. Astoria, OR 54321	3%
TOTAL OWNERSHIP of Business 1 =			100%

Example C: jointly named owners, two businesses

Part 2

Part 1

NAME	TIN/DOB	BUSINESS MAILING ADDRESS	% HELD
Trawlers, Inc.	91-1234567	PO Box 70, Newport, OR 54123	30%
Big Boat, LLC	71-7654321	4 Ever Whiting Astoria, OR 54321	70%
TOTAL OWNERSHIP =			100%

NAME	DOB	BUSINESS MAILING ADDRESS	% HELD
business name from Part 1 Trawlers, Inc.			
Ahab, Captain R	05/15/1959	1234 Petrale St, Astoria, OR 54321	55%
Starbuck, Jim T	10/23/1963	PO Box 555, Newport, OR 54123	30%
Ishmael, Mark S	03/07/1965	8 White Whale Dr. Newport, OR 54123	10%
Queequeg, Warren G	07/23/1968	13 Wildside Blvd. Astoria, OR 54321	5%
TOTAL OWNERSHIP of Business 1 =			100%
business name from Part 1 Big Boat, LLC			
Hake, Jim C	06/03/1950	4 Ever Whiting Astoria, OR 54321	33 ^{1/3} %
Hake, Brenda K	08/30/1954	4 Ever Whiting Astoria, OR 54321	33 ^{1/3} %
Hake, Jr., Jim C	11/23/1975	12 Ever Whiting Astoria, OR 54321	33 ^{1/3} %
TOTAL OWNERSHIP of Business 2 =			100%


Section C – Small Business Certification

Read the information to determine if you are a small business according to the criteria listed. Check the appropriate box, yes or no.

Section D – Certification of Applicant

The applicant or authorized representative must sign and date the form to certify that all information set forth in the form is true, correct and complete to the best of the applicant’s knowledge or belief. The form will not be considered without the applicant or authorized representative’s signature. NMFS may request that the authorized representative for a business entity include a copy of the corporate resolution or other document authorizing the individual to sign and certify on behalf of the business entity.

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Section A – Permit or Vessel Owner Identification

1. Permit Number	Vessel Name	USCG or State Registered Vessel Number	
2. Legal Name of Permit or Vessel Owner		3. TIN (if business) or DOB (if person)	
		4. State Registered In (if business)	
5. Business Mailing Address <i>Street or PO Box</i>		6. Business Phone Number ()	
		7. Business Fax Number (optional) ()	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	8. Business Email (optional)

**Section B – Identification of Shareholders and Partners
Part 1 – First Level**

NAME (Last, First, Middle Initial)	TIN or DOB	BUSINESS MAILING ADDRESS (Street or PO Box, City, State, Zip Code)	% INTEREST HELD
TOTAL OWNERSHIP =			%

**Section B – Identification of Shareholders and Partners
Part 2 – Second Level**

NOTE: Owners of a business entity from Section B – Part 1 above must be listed down to the level of individual persons that make up that business. If more than one business is listed, be clear which individuals belong to which business. If necessary, attach an additional sheet of paper with the information required below.

NAME (Last, First, Middle Initial)	TIN or DOB	BUSINESS MAILING ADDRESS (Street or PO Box, City, State, Zip Code)	% INTEREST HELD
Business Name 1 from Part 1			
TOTAL OWNERSHIP OF BUSINESS 1 =			%
Business Name 2 from Part 1			
TOTAL OWNERSHIP OF BUSINESS 2 =			%
Business Name 3 from Part 1			
TOTAL OWNERSHIP OF BUSINESS 3 =			%

Section C – Small Business Certification

As part of required analyses of the economic effects of rulemakings, The National Marine Fisheries Service (NMFS) must determine if permit and license owners participating in the fishery are large or small businesses as defined by the Small Business Administration (SBA).

SBA has established size criteria for all major industry sectors in the US, including fish harvesting and fish processing businesses. The SBA also has established "principles of affiliation" to determine whether a business concern is "independently owned and operated": business concerns are affiliates of each other when one concern controls or has the power to control the other, or a third party controls or has the power to control both. NMFS is now using the following size standards:

Primary Business:	Fish Harvesting	Seafood Product Preparation and Packaging*	Fish and Seafood Wholesale	Nonprofit Organizations
Small business size standard:	Combined annual receipts of \$11 million or less for all affiliated operations worldwide.	Employs 750 or fewer persons on a full time, part time, temporary, or other basis, at all affiliated operations worldwide.	Employs 100 or fewer persons on a full time, part time, temporary, or other basis, at all affiliated operations worldwide.	<p>Environmental, conservation, or professional organizations: Combined annual receipts of \$15 million or less.</p> <p>Other organizations: Combined annual receipts of \$7.5 million or less.</p>

*includes catcher/processors and motherships

Is your business or organization:

- Independently owned and operated, and
- not dominant in its field of operation (including any affiliates), and
- considered small by the standards listed in the table above?

If you answered **yes** to all three questions, please check here:

If you answered **no** to any of these questions, please check here:

You must check one box.

If you have any questions about these standards or the definition of affiliation, please call West Coast Regional Economist, Abigail Harley, at 206-526-4273.

Section D – Certification of Applicant

Under penalties of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the applicant and completed this form, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative

Date

Printed Name of Applicant or Authorized Representative

WARNING STATEMENT: A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR Part 904, a civil penalty up to \$100,000 under 16 USC 1858, and/or criminal penalties including, but not limited to, fines or imprisonment or both under 18 USC 1001.

PRIVACY ACT STATEMENT: Some of the information collection described above is confidential under section 402(b) of the Magnuson-Stevens Act and under NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. TIN or DOB, business phone number, fax number, and email are not released to the public. The names of individuals who have an ownership interest in an entity that owns a permit, vessel or processing plant and the actual percentage of ownership are considered business confidential and are not released to the public. The information collected is part of a Privacy Act System of Records, COMMERCE/NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries. An amended notice was published in the Federal Register on August 7, 2015 (80 FR 47457) and became effective on September 15, 2015 (80 FR 55327).

PRA STATEMENT: Public reporting burden for this collection of information is estimated to average 0.75 hours per response for new entrants, and is estimated to average 3 minutes when pre-filled for renewing entities, including the time for reviewing the 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 NOAA/National Marine Fisheries Service, West Coast Region, Attn: Program Manager, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115. 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.