



# Instructions for the Federal Permit Application for Vessels Fishing in the Colombian Treaty Waters

Rev 05/11/2020

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:

### What Sections do I complete?

Complete all applicable sections of this form. All application fields should be typed or printed in ink. Specifically,

- All applicants* must fill out Section 1, and Section 2 and/or Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- If the vessel is owned by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that own the vessel.
- If the vessel is leased by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that lease the vessel.
- If the vessel is owned or leased by a business, in addition to completing Section 4 and/or 5, complete Section 7. In Section 7, provide information about all individuals that are owners or officers of businesses listed in Section 4, Section 5, and/or Section 6.
- Complete Section 8 if the any owners of the businesses listed in Section 4, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
- All applicants* must fill out Section 9.

See pages 3-6 for information about specific sections of this application.

### What is the fee?

There is no fee for a Colombian Treaty Water permit

### Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

### What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Arrival and departure reports. The operator of each vessel of the United States for which a certificate and permit have been issued under §300.123 must report by radio to the Port Captain, San Andres Island, voice radio call sign "Capitania de San Andres," the vessel's arrival in and departure from treaty waters. Radio reports must be made on 8222.0 kHz or 8276.5 kHz between 8:00 a.m. and 12 noon, local time (1300-1700, Greenwich mean time) Monday through Friday.
- Catch and effort reports. Each vessel of the United States must report its catch and effort on each trip into treaty waters to the Science and Research Director on a form available from the Science and Research Director. These forms must be submitted to the Science and Research Director so as to be received no later than 7 days after the end of each fishing trip.

## What supporting documentation do I need?

- Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.
- Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.



### **APPLICATION SECTION 1 – Vessel Information**

Complete all portions of Section 1.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.



### **APPLICATION SECTION 2 Vessel intentions**

Provide the following information. Attach additional documentation if necessary:

- Principal port of landing for fish to be taken from the Colombian Treaty Waters
- Primary species of fish to be taken from the Colombian Treaty Waters
- Primary gear to be used in to be taken from the Colombian Treaty Waters



### **APPLICATION SECTION 3 -- Individuals that own the vessel.**

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, complete Section 4 for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy **Section 3** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available). If there is more than one vessel owner and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and permits will be sent.



### **APPLICATION SECTION 4 -- Businesses that own the vessel.**

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 4a for a single business owner. Also fill out Section 4b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_fa/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_fa/index.html)



### **APPLICATION SECTION 5 – LEASE Information**

**If the vessel is leased by one or more individuals**, fill out section **5A**. Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee’s full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

**If the vessel is leased by one or more businesses**, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business’s full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

**A SPECIAL NOTE ABOUT LEASES:** There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.

Company A



Company B



### **APPLICATION SECTION 6 –Businesses that Own Businesses**

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business’s full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note: this information will not affect eligibility to obtain a permit.

- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

**Example:** If a vessel’s USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 4 and Company B in section 6.



### **APPLICATION SECTION 7 –Businesses Officers and Individual Owners**

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 4a, 4b, 5b, or 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, Individual 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 a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If a business listed in Section 4a, 4b, 5b, or 6 has owners that individually own less than 1% of the business, provide the total percentage of ownership which is individually held by owners who own less than 1% in section 7c.

**Example:** If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 7 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

### **APPLICATION SECTION 12 – Small Business or Organization Certification**

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.



### **APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION**

If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.

**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 Burden Statement - A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

Privacy Act Statement - Authority: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C 1801 et seq.), the High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific

Privacy Act Statement (continued) Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. The authority for the mandatory collection of the Tax Identification Number (TIN) is 31 U.S.C. 7701.

Purpose: In order to manage U.S. fisheries, the National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable state or regional marine fisheries commissions and international organizations. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

THIS PAGE INTENTIONALLY LEFT BLANK

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>



OMB No. 0648-0205 Form Approval Expires: 05/31/2020

## FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

FOR OFFICE USE ONLY

Application ID

**FOR OFFICE USE ONLY**

Reviewer's Initials and Date	
Sanction Case Number IF Sanctioned	
Expiration Date	

SCAN DATE AND INITIALS	
------------------------	--

**REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation. Do not send the original.**

### SECTION 1 - VESSEL INFORMATION

USCG Documentation Number	Year Built	Length (ft)	Total Horsepower
Vessel Name	Name of Company That Built the Vessel		
Hull Color	Superstructure Color	Crew Size-Including the Captain	Do you have sails?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
International Radio Call Sign	<b>ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate</b> How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?		
Hull Identification or IMO Number	<b>Hull Material</b> <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER (DESCRIBE)	<b>Fuel Data</b> <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER (DESCRIBE) Fuel Capacity - Total Gallons <input style="width: 50px;" type="text"/>	<b>Product Storage (check all that apply)</b> <input type="checkbox"/> ON ICE IN HOLD FISH BOX, ICE CHEST, COOLER, ETC <input type="checkbox"/> FREEZER <input type="checkbox"/> LIVE WELL
Hailing Port City	Hailing Port County Or Parish	Hailing Port State	
Gross Tons	Net Tons		

### SECTION 2 - VESSEL INTENTIONS

Principal Port Of Landing Of Fish To Be Taken From Colombian Treaty Waters

Primary Species Of Fish To Be Taken From Colombian Treaty Waters

Primary Gear To Be Used In Colombian Treaty Waters

### SECTION 3 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

**Section 3a: Primary or Sole Owner:** Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Select only ONE mailing recipient.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's 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.

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)  Date of Birth (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

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

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:

**Section 3b: Joint Owner.** Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4b Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's 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.

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)  Date of Birth (MM/DD/YYYY)  Area Code  Phone Number

Mailing Address  Apt #  City  State  County/Parish  Zip Code  Country

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

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:



**SECTION 4 – BUSINESS VESSEL OWNER(S) INFORMATION**

**Section 4a: Primary or Sole Owner:** Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. Select only ONE mailing recipient.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country

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

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:

**Section 4b: Joint Owner:** Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country

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

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:

## SECTION 5 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date:  Lease end date:

**Section 5a: Individual or Joint Lessee:** Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual is leasing the vessel from the vessel owner, Copy this page as needed to provide information on all lessees.

**MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 6a** Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's 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 _____

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - Jr, Sr, etc.</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

<b>Individual Tax ID Number (SSN)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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:

**Section 5b: Business Lessee:** Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and owner information for the business must be provided in section 7.

<b>Type of business:</b>	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	<b>Was this Business properly established by the laws of the United States or any state of the United States?</b>	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

**MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 6b**

**Registered Name of Business**

<b>Federal Employer Tax ID Number (FEIN)</b>	<b>Date Business Formed (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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:

## SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 4, 5b. Copy this section as needed.

### Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

C Corporation

Limited Liability Co.

Partnership

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country



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



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:

### Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

C Corporation

Limited Liability Co.

Partnership

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country



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



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:

**SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 4, 5b, and 6. Copy this section as needed.

**Section 7a: Individual Officer/Owner:**

**Business for which this individual is an officer/owner of:**

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

**Percent of Business Owned:**  **Is this individual a United States citizen or permanent resident**  YES  NO

<b>Is this Individual of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is this individual's Sex?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>What is this individual's race?</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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 w.

**Email**  **Cell Phone number and provider:**

**Section 7b: Additional Officer/Owner:**

**Business for which this individual is an officer/owner of:**

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

**Percent of Business Owned:**  **Is this individual a United States citizen or permanent resident**  YES  NO

<b>Is this Individual of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is this individual's Sex?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>What is this individual's race?</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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 w.

**Email**  **Cell Phone number and provider:**

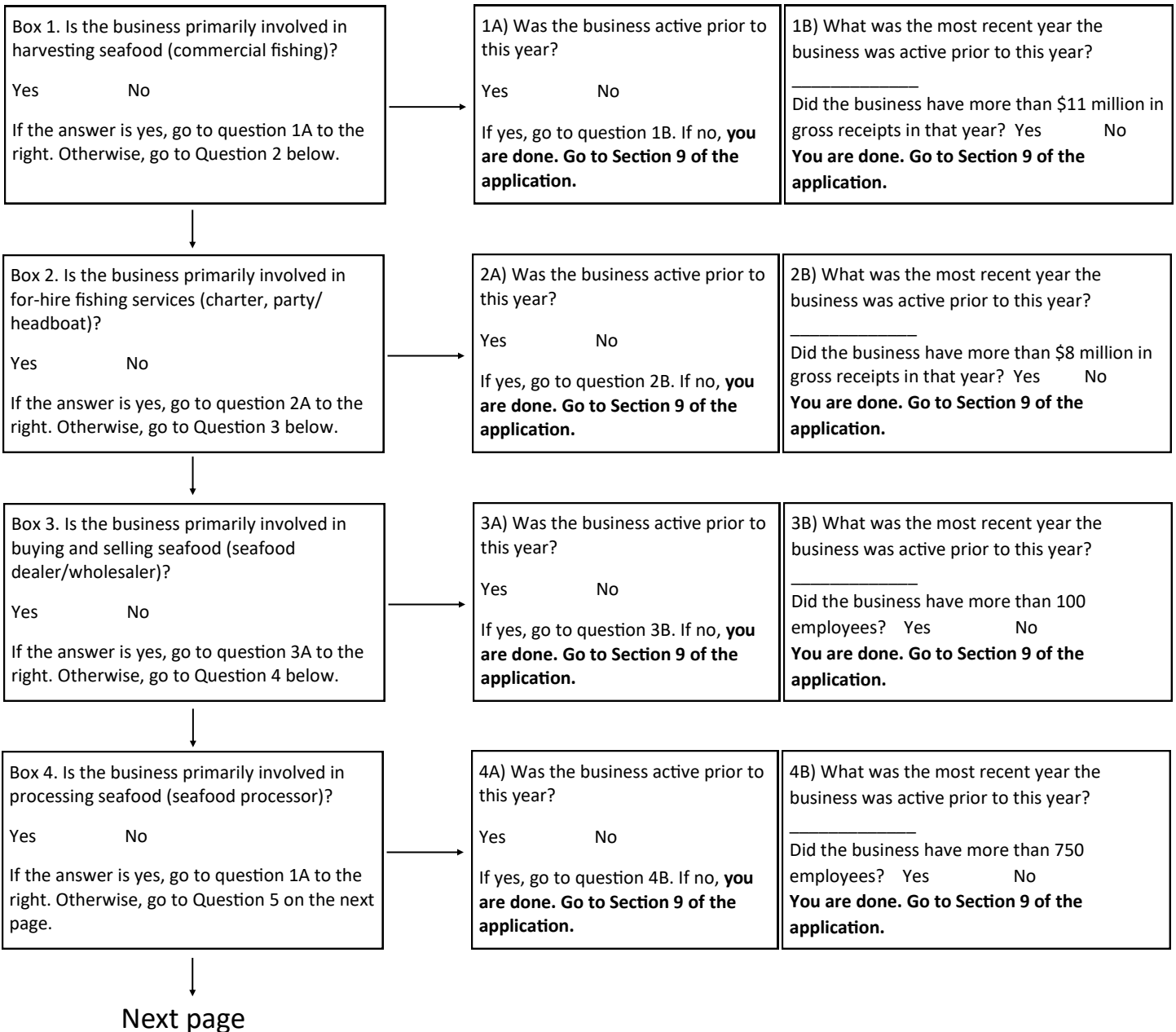
**SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

ALL applicants must complete this section

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

**Information needed to complete this section:** Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

**How to fill out the form:** Start with Box 1. If the answer to the question in Box 1 is "Yes," check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.



**SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

**(Continued from previous page)**

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes            No

5A) Was the organization active prior to this year?

Yes            No

If yes, go to question 5B.  
If no, **STOP! You are done.**

5B) What was the most recent year the organization was active prior to this year?

\_\_\_\_\_

Did the organization have more than \$15 Million in gross receipts?    Yes            No  
**STOP! You are done.**



Box 5. Is the organization some other Non-Profit Organization (e.g., business association)?

Yes            No

If the answer is yes, go to question 6A to the right. Otherwise, go to Question 7 below.

6A) Was the organization active prior to this year?

Yes            No

If yes, go to question 6B.  
If no, **STOP! You are done.**

6B) What was the most recent year the business was active prior to this year?

\_\_\_\_\_

Did the organization have more than \$7.5 Million in gross receipts?    Yes            No  
**STOP! You are done.**



7) The business or organization must be primarily involved in another industry not related to fishing or seafood. Refer to SBA's list of North American Industry Classification System (NAICS) codes (see <https://www.sba.gov/document/support--table-size-standards> ) and enter the NAICS code for your primary activity here:

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large            Small            Year:            **STOP! You are done.**

**SECTION 9 - SIGNATURE**

*The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 5a, or an officer or shareholder of the lessee as listed in Section 5b, with that individual's information listed in section 7. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 7.*

Applicant's Signature

Date

Print Name

Position in Business