



**U.S. DEPARTMENT OF COMMERCE**  
**National Oceanic and Atmospheric Administration**  
 NATIONAL MARINE FISHERIES SERVICE  
 Pacific Islands Regional Office - SFD Permits  
 1845 Wasp Blvd., Bldg 176  
 Honolulu, Hawaii 96818  
 (808) 725-5190 • piro-permits@noaa.gov

OMB Control No: 0648-0490  
 Expires: 02/xx/20xx

## PACIFIC ISLANDS PERMIT APPLICATION NORTHERN MARIANA ISLANDS COMMERCIAL BOTTOMFISH

Please print legibly. Items marked with an asterisk (\*) are required. Note required documents in instructions on page 2. The non-refundable application processing fee is \$51. Do not mail application and payment. Send application via secure email and pay fee online per instructions on page 2.

\*VESSEL NAME: \_\_\_\_\_ \*VESSEL OFFICIAL NO: \_\_\_\_\_  
USCG, CNMI, or Guam number

\*VESSEL LENGTH: \_\_\_\_\_ (feet)      RADIO CALL SIGN: \_\_\_\_\_

\*VESSEL OWNER: \_\_\_\_\_  
First, Middle, & Last Name or Business Name

\*TAXPAYER ID NUMBER (SSN or EIN): \_\_\_\_\_

\*DATE OF BIRTH (individual) OR INCORPORATION (business): \_\_\_\_\_ (MM/DD/YYYY)

\*BUSINESS CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
First, Middle, & Last Name, if not same as vessel owner      Corporate officer, business owner, partner

\*BUSINESS MAILING ADDRESS: \_\_\_\_\_  
Street/PO Box      City      State      ZIP Code

\*BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_; CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

Under penalty of perjury, I hereby declare that I, the undersigned, am the vessel owner or authorized to complete and certify this application on behalf of the vessel owner, and the information contained herein is true, correct, and complete to the best of my knowledge.

\*APPLICANT: \_\_\_\_\_ \*DATE: \_\_\_\_\_  
Printed Name      Signature

\*APPLICANT TITLE: \_\_\_ Vessel owner, \_\_\_ Corp. officer or partner, \_\_\_ Designated agent\*\*, or \_\_\_ Other \_\_\_\_\_  
 (Check only one)

\*Is this application for a new permit? \_\_\_ or a renewal? \_\_\_

An application that is lacking required information, vessel registration or documentation, or payment will be considered incomplete. An incomplete application will be abandoned if it is not completed within 30 days following notification of the deficiency (50 CFR 665.13(c)(2)). You must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13(d)). It is prohibited to file false information on any application for a fishing permit (50 CFR 665.15(b)).

## INSTRUCTIONS

Please print all information legibly. Illegible writing may cause delays or errors in permit processing. All items marked with an asterisk (\*) on the form must be completed.

**Vessel Name:** Write in the name of the vessel. If the vessel does not have a name, write N/A.

**Vessel Official No.:** Write in the USCG documented vessel number or the boat registration number pp xxxx ss, where pp is the state/territory prefix, xxxx is the number, and ss is the type. For example, CM 1234 CF.

**Vessel Registered Length:** Write in the vessel's length overall in feet, as listed on the USCG document or undocumented vessel registration.

**Radio Call Sign:** Write in the call sign assigned to your vessel's radio by the FCC, if you have one. It would probably start with a W. If you do not have a call sign, write N/A.

**Vessel Owner:** Write in the name of the vessel owner as listed on the USCG document or undocumented vessel registration. The vessel owner will be the permit holder.

**Taxpayer Identification Number:** If a business owns the vessel, write the Employer Identification Number (EIN) obtained from the U.S. Internal Revenue Service. If an individual, write the Social Security Number (SSN).

**Date of Birth or Incorporation (MM/DD/YYYY):** If an individual owns the vessel, write the person's full birth date. If a business owns the vessel, write the full date of incorporation.

**Business Contact:** If a business owns the vessel, please write in the name of the primary person to contact for the business.

**Title:** Write in the title or role of the contact in relation to the business, that is, officer, member, partner, owner, etc.

**Business Mailing Address:** Write in the primary mailing address of the vessel owner. This address will be used as the official address of record for all mail to the permit holder. As a business address, it may be disclosed to the public.

**Business Phone:** Write in the primary business phone number of the vessel owner. This will be your phone number of record.

**Cell Phone and Email:** Provide additional contact information for the vessel owner.

**Applicant:** Print your name and Sign on the line. The applicant must sign the form. If the applicant is signing on behalf of the vessel owner, provide a letter or authorization or email from the vessel owner as proof of authorization.

**Applicant Role:** Check only one for the role of the applicant in relation to the vessel owner.

**Date:** Fill in the date the application was signed.

**New permit or renewal?:** Check only one box.

**Required Documents.** You must submit the following with the application:

- 1) A copy of the vessel's current USCG Certificate of Documentation or CNMI/state boat registration.
- 2) If the Applicant is not the vessel owner, you must provide a signed letter from the vessel owner authorizing the applicant to act as an agent for the vessel owner.

Send the application via secure email and pay the fee online following the instructions at [www.fisheries.noaa.gov/pacific-islands/commercial-fishing/apply-pacific-islands-fishing-permit](http://www.fisheries.noaa.gov/pacific-islands/commercial-fishing/apply-pacific-islands-fishing-permit).

If you have any questions, contact the Permits Office at [piro-permits@noaa.gov](mailto:piro-permits@noaa.gov) or call (808) 725-5190.

An application that is lacking required information, vessel registration or documentation, or payment will be considered incomplete. An incomplete application will be abandoned if it is not completed within 30 days following notification of the deficiency (50 CFR 665.13(c)(2)). You must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13(d)). It is prohibited to file false information on any application for a fishing permit (50 CFR 665.15(b)).

## 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 Western and Central Pacific Fisheries Convention Implementation Act (WCPFCIA; 16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act (16 U.S.C. 1362 et seq.), and the Endangered Species Act (16 U.S.C. 1531 et seq.). 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 NOAA National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NOAA Fisheries permit applicants and renewing permit holders includes vessel owner contact information, date of birth, Tax Identification Number, and vessel descriptive information. Permit holder information may be used as sampling frames for surveys.

**Routine Uses:** The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted within NMFS offices under the Privacy Act of 1974 (5 U.S.C. 552a) to coordinate monitoring and management 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.

## PAPERWORK REDUCTION ACT INFORMATION

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 0648-0490. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per permit application and 2 hours per permit denial appeal, 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 voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NMFS Pacific Islands Regional Office at [piro-permits@noaa.gov](mailto:piro-permits@noaa.gov)