

**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](file:///\\pir\SFD\SFD%20Internal%20Documents\PRA%20Paperwork%20Reduction%20Act\PRA%20submissions\0648-0490%20PIR%20Permits%20Family%20of%20Forms\0648-0490%20revision%20for%20ASLE%20Am9%202021\From%20Mark\piro-permits@noaa.gov)

OMB NUMBER: 0648-0490

Expires: 03/31/2024

### PACIFIC ISLANDS PERMIT APPLICATION

### AMERICAN SAMOA LONGLINE LIMITED ACCESS PERMIT

Please print legibly. All items required. Note instructions and required documents on pages 2-3. Do not mail application or check. Send application via secure email to Pacific Islands Regional Office (PIRO) and pay non-refundable application processing fee of **$69** online. No fee for vessel registration.

**Permit Holder is a \_\_\_\_ U.S. Citizen; \_\_\_\_ U.S. National; or \_\_\_\_ U.S. Company, Partnership, or Corporation. (check only one)**

**Application Type**:

**PERMIT CLASS:** \_\_\_ **SMALL** (vessel registered length less than 50’) **\_\_\_ LARGE** (registered length 50’ or longer)

\_\_\_  **Permit Renewal**

\_\_\_ **Additional Permit Issuance**

\_\_\_ **Registration of new or replacement vessel to permit OR de-registration of vessel from permit.** (No Fee)

\_\_\_ **Permit Transfer** (The original permit holder completes this section and signs, and the person receiving the permit completes the sections

below and signs as the permit applicant.)

**TO:** \_\_\_ Family member \_\_\_ Community organization \_\_\_ U.S. citizen, national, company, partnership, or corporation

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print first and last name, business, or name of community organization If Family member is checked

**Under penalty of perjury, I hereby declare that I, the undersigned, am the current permit holder and the information contained herein is true, correct, and complete to the best of my knowledge.**

**PERMIT TRANSFEROR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Original permit holder) Print first, middle initial, and last name **Signature**

**PERMIT NUMBER BEING TRANSFERRED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VESSEL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OFFICIAL NUMBER** (USCG or AS)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VESSEL OWNER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **VESSEL LENGTH:** \_\_\_\_\_\_\_ **RADIO CALL SIGN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMIT HOLDER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TAXPAYER ID NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First, Middle and Last Name, or Business Name (Individual SSN or Business EIN)

**PERMIT HOLDER DATE OF BIRTH** (if individual) or **INCORPORATION** (if business):

Complete the **Supplementary Information Sheet** on page 2 to list names and addresses of owners, partners, or officers.

**BUSINESS MAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

PO box number, street, apt. no. City/Village State ZIP

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

(Include the area code)

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

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

**APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print first, middle initial, and last name **Signature**

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)). (Revised xx/xx/xxxx)

(page 2)

OMB NUMBER: 0648-0490

Expires: 03/31/2024

### American Samoa Longline Limited Access Permit

**SUPPLEMENTARY INFORMATION SHEET**

**Company/Corporation officers, owners, or partners:**

NAME MAILING ADDRESS PERCENT OWNERSHIP

**Vessel Owner Supplementary Information**

Vessel Owner Mailing Address

Email Phone

**Instructions**

**U.S. citizen, national, company, partnership, or corporation:** The permit holder must be one of these to be eligible to hold a permit. NMFS may request verification.

**Application Type:** Check which type of permit action you are applying for. Please submit a separate form for each permit. Only applications for renewal, an additional permit, or vessel registration/replacement are allowed. The non-refundable application processing fee is required for renewal, additional permit, or transfer. There is no fee for vessel registration/replacement.

**For Permit Transfer:** This section must be completed by the current permit holder(s) who is transferring the permit (transferor) to another person or business (transferee). The transferor must print their name, sign, and date it. The permit number being transferred must be provided. NMFS may request verification of the transfer.

**Vessel Information:** Fill in the vessel name, official number (USCG documented number or state/territory registration number), vessel owner, vessel length, and radio call sign if assigned. If the vessel has no name, please draw a line in the vessel name field.

**Permit Holder Information:** The permit holder is the person or business to whom the permit will be issued for the duration of the permit. Provide the taxpayer ID number: SSN (social security number) for an individual or EIN (employer identification number) for a business. Fill in the date of birth of the individual or the date of incorporation for the business. If there is more than one permit holder, provide the same information for each permit holder. Any change in the permit holder(s) will require a transfer.

Provide the mailing address, phone numbers, and email of the permit holder. This will be the address of record.

**Permit Applicant:** The person who submits the application must print his or her name and sign the form. Fill in the application date, and the applicant’s title. If the applicant is not the permit holder or is not a member or officer of the business that holds the permit, the permit holder must provide a signed letter of authorization or email that designates the applicant as the agent for the permit holder.

**Supplementary Information Sheet:** If the permit holder is a business or partnership, list all owners, partners, and officers of the company on this sheet. Provide addresses and percent ownership for each. Fill in vessel ownership information.

**Additional documents required for the complete application:**

1) A copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from a state/territorial agency (undocumented vessel) showing current vessel owner and official number.

2) Documentation of harvest for permit renewal.

3) Documentation of the applicant’s participation in the American Samoa longline fishery may be required if applying for an additional permit.

4) If a renewal, a copy of the current PIRO Protected Species Workshop certificate of the vessel owner (see below).

5) If the applicant is a designated agent, attach a signed letter or email from the permit holder authorizing the permit applicant as the designated agent.

6) For fee payment, see instructions on next page.

(page 3)

OMB NUMBER: 0648-0490

Expires: 03/31/2024

The vessel owner must have a current Protected Species Workshop (PSW) certificate from PIRO to renew the permit. If the vessel owner is a business, an officer, member, or authorized representative of the company must have a current PSW certificate. Contact [piropsw@noaa.gov](mailto:piropsw@noaa.gov) for workshop information.

See the regulations at [50 CFR 665.816](https://ecfr.federalregister.gov/current/title-50/chapter-VI/part-665/subpart-F/section-665.816) for detailed permit requirements. An application that is lacking required information and documents, 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)).

**Submit Complete Application** to NMFS PIRO via secure email and pay fee online per instructions at [www.fisheries.noaa.gov/pacific-islands/commercial-fishing/apply-pacific-islands-fishing-permit](file:///\\pir\SFD\SFD%20Internal%20Documents\PRA%20Paperwork%20Reduction%20Act\PRA%20submissions\0648-0490%20PIR%20Permits%20Family%20of%20Forms\0648-0490%202020%20renewal\Marks%20edits\www.fisheries.noaa.gov\pacific-islands\commercial-fishing\apply-pacific-islands-fishing-permit). PIRO will not accept hardcopy or mailed applications and checks.

**Contact:** Email [piro-permits@noaa.gov](mailto:piro-permits@noaa.gov) or call (808) 725-5190 if you have any questions.

**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](http://www.osec.doc.gov/opog/PrivacyAct/SORNs/noaa-19.html), 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 75 minutes per permit application for renewal, transfer, or additional permit, 45 minutes per permit application for vessel registration, 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)