
	<p>IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS</p>	<p>United States Department of Commerce National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, Alaska 99802-1668 Telephone: (800) 304-4846 toll free or (907) 586-7202 Juneau Fax: (907) 586-7354</p>	
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Use this form only to request **replacement** pot tags for lost, stolen, or mutilated tags. You cannot be issued more than the maximum number of pot tags authorized by sablefish regulatory area.

If you need a complete set of, or additional, new pot tags use the IFQ Sablefish Longline Pot Gear: Vessel Registration and Request for Pot Gear Tags form.

Block A – Vessel Owner Information		
1. Vessel Owner Name:	2. NMFS ID:	
3. Business Mailing Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
4. Business Telephone No.	5. Business Fax No.	6. Business E-Mail Address:

Block B -- Vessel Identification		
<i>Identify the vessel to which pot tags identified in Block C are registered.</i>		
1. Vessel Name:	2. USCG Official Number:	3. ADF&G Registration Number:

Block C – Identification of Lost, Stolen, Mutilated Pot Tags			
<i>Identify the pot tags to be replaced by area and serial number. Indicate the reason for the request for replacement.</i>			
1. List serial numbers for pot tags to be replaced by area:			
Area	Serial Numbers		
SEO			
WY			
CG			
WG			
2. Indicate Reason for Replacement Pot Tag Request:			
<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED			
3. Number of Replacement Longline Pot Tags Requested by Area:			
SEO (maximum tags = 120)	WY (maximum tags = 120)	CG (maximum tags = 300)	WG (maximum tags = 300)

Block D – Vessel Owner Signature		
Under penalties of perjury, I hereby declare that I, the undersigned, completed this request, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.		
Vessel Owner Name (print):	Vessel Owner Signature:	Date Signed:

Paperwork Reduction Act Statement

1. This information is required to manage commercial fishing effort of the Individual Fishing Quota Program in the Gulf of Alaska under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) as amended in 2006.
2. Public reporting burden for this collection of information is estimated to average 1 hour per response, including 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 Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, Alaska Region, P.O. Box 21668 Juneau, AK 99802-1668.
3. Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject 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.

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.*

Purpose: NMFS is collecting this information to manage the Individual Fishing Quota Program in the Gulf of Alaska.

Routine Uses: NMFS will use this information to enforce pot limits and enhance tracking of lost fishing gear. NMFS publishes the annual list of IFQ sablefish pot tag registrations on the NMFS Alaska Region website. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among authorized staff for work-related purposes. Disclosure of this information is also subject to the published routine uses 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 mandatory. Failure to provide complete and accurate information may delay a vessel owner from receiving replacement pot tags.

<p>INSTRUCTIONS</p> <p>IFQ SABLEFISH REQUEST FOR REPLACEMENT OF LONGLINE POT GEAR TAGS</p>
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Type or print legibly in ink and retain a copy of completed application for your records.

Please allow at least 10 working days for your application to be processed.

A completed application may be submitted to NMFS:

By mail: NMFS, Alaska Region
 Restricted Access Management (RAM)
 PO Box 21668
 Juneau, AK 99802

By fax: (907)586-7354

In person: U.S. Federal Building
 NOAA, NMFS Alaska Region
 RAM
 709 W. 9th Street, Room 713
 Juneau, AK 99801

BLOCK A-VESSEL OWNER INFORMATION

1. Vessel Owner Name. Enter the full Name(s) of owner of the Vessel listed in Block B.
2. NMFS ID. Enter your assigned NMFS ID, if you do not have one, one will be assigned to you.
3. Business Mailing Address: Indicate whether address is permanent or temporary. Enter your complete business mailing address, including street or P.O. Box, city, state, and zip code. Your pot tags will be sent to this address, unless otherwise notified.
- 4-6. Business Telephone No., Fax No., and e-mail Address. Enter the business telephone number, and business fax number including area code, and business e-mail address (if available) that are used by the vessel owner. It is very important that you provide a number where we can contact you, or where we can leave messages for you. If questions arise concerning your application, and we are unable to contact you, issuance of your pot tags will be delayed.

BLOCK B-VESSEL IDENTIFICATION

1. Enter the complete vessel name as displayed in the vessel's Certificate of Documentation
2. Enter the USCG Official Number
3. Enter State of Alaska, Department of Fish and Game (ADF&G) Registration Number

BLOCK C – IDENTIFICATION OF LOST, STOLEN OR MUTILATED POT TAGS

1. List serial numbers of pot tags to be replaced by sablefish regulatory area.
2. Indicate the reason for the request for replacement pot tags.
3. Enter the number of replacement pot tags requested for each area.

BLOCK D – VESSEL OWNER SIGNATURE

The vessel owner or authorized representative must print their name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The request will be considered incomplete without this signature. If authorized representative, send complete authorization.