

File Name: 119215900

WEST COAST ALBACORE FISHERY ANNUAL COST AND EARNINGS SURVEY

OMB Control Number: 0648-0773

Expiration Date: XX/XX/20XX`

Section 1: Vessel Information

1	Owner/Operator		
2	Captain		
3	Vessel Name		
4	Position of person filling out form		
5	Email Address		
6	Telephone ()		
7	Mailing Address (Street/City/State/Zip Code)		
8	Date of Survey Response (Month/Day/Year)		
9	Contract captain used? 202X <input type="checkbox"/> Yes <input type="checkbox"/> No	202Y <input type="checkbox"/> Yes <input type="checkbox"/> No	
	202X % of time: %	202Y % of time: %	
10	Year current captain was born		_____
11	Captain: years fishing		_____ yrs
12	Captain: years operating current fishing vessel		_____ yrs
13	Who handles vessel finances <input type="checkbox"/> Captain <input type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Accountant		
	Total Annual Cost (book keeping and tax preparation) 9a 202X: _____ 9b 202Y: _____		
14	Vessel Name		
15	Vessel ID (USCG or State)		
16	Home Port (City/State)		
17	Length (feet)		
18	Depth (feet)		
19	Width (feet)		
20	Fuel Capacity (gallons)		
21	Total Horsepower of Main Engines		
22	Engine Make and Model		
23	Year Built		
24	Year Purchased		
25	Purchase price	\$	
26	Estimated replacement value of vessel	\$	
27	Vessel depreciation and amortization (method: _____)	202X \$	202Y \$
28	Total Insurance cost: (vessel, liability, and health combined)	202X \$	202Y \$
29	Electronics (Check all on vessel): <input type="checkbox"/> INMARSAT <input type="checkbox"/> Cellular phone <input type="checkbox"/> VHF radio <input type="checkbox"/> CB Radio <input type="checkbox"/> SSB Radio		
	<input type="checkbox"/> Video plotter <input type="checkbox"/> Autopilot <input type="checkbox"/> Satellite navigation <input type="checkbox"/> Computer <input type="checkbox"/> Depth sounder <input type="checkbox"/> Radar <input type="checkbox"/> Sonar <input type="checkbox"/> GPS		
	<input type="checkbox"/> Doppler Radar <input type="checkbox"/> Temperature sensor <input type="checkbox"/> Weather fax <input type="checkbox"/> Other:		
30	Total Electronics Cost	202X \$	202Y \$
31	Refrigeration: <input type="checkbox"/> Brine Spray <input type="checkbox"/> Chiller <input type="checkbox"/> Blast Freeze <input type="checkbox"/> Other		
32	Year purchased		
33	Purchase price	\$	
34	Maintenance Costs	202X \$	202Y \$
35	Icemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a)	Year purchased		
b)	Purchase price	\$	

Section 2: Annual Costs and Related Information

36	Total crew per trip (exclude captain)	Crew:	
37	Fishing shares (percentage or actual cash)	202X ↓	202Y ↓
a)	Boat /Vessel	____ % or \$ _____	____ % or \$ _____
b)	Captain	____ % or \$ _____	____ % or \$ _____
c)	2 nd Captain	____ % or \$ _____	____ % or \$ _____
d)	Engineer	____ % or \$ _____	____ % or \$ _____
e)	Crew	____ % or \$ _____	____ % or \$ _____
38	Annual mooring or slip / berthing fees	\$ _____	\$ _____
39	Annual permit renewal fee	\$ _____	\$ _____
40	Shipping costs	\$ _____	\$ _____
41 a)	Annual fuel and oil costs (\$)	If Total: \$ _____	\$ _____
41 b)	Annual fuel and oil quantities (gallons)	If Total: _____	_____
41 c)	Fuel cost (\$)	If Separate: \$ _____	\$ _____
41 d)	Fuel quantity (gallons)	If Separate: _____	_____
41 e)	Oil cost (\$)	If Separate: \$ _____	\$ _____
41 f)	Oil quantity (gallons)	If Separate: _____	_____
42	Annual food costs	\$ _____	\$ _____
43 a)	Total salt purchases cost (\$)	\$ _____	\$ _____
43 b)	Total salt purchases quantity (lbs.)	_____	_____
44 a)	Total bait purchases cost (\$)	\$ _____	\$ _____
44 b)	Total bait purchases quantity (lbs.)	_____	_____
45 a)	Total ice purchases cost (\$)	\$ _____	_____
45 b)	Total ice purchases quantity (lbs.)	_____	\$ _____
46	Total offloading cost	\$ _____	\$ _____
47	Gear and equipment cost	\$ _____	\$ _____
48	Engine maintenance costs	\$ _____	\$ _____
49	Engine replacement costs	Year \$ _____	\$ _____
50	Annual total vessel repairs and maintenance with haul out fees	\$ _____	\$ _____
51	Fishing association membership dues (Please circle monthly or annual) monthly / annual	\$ _____	\$ _____
52	Total license fees (local, state, federal, combined)	\$ _____	\$ _____
53	Total County or Landing, vessel and berthing fees	\$ _____	\$ _____
54	Total business travel (car, airplane, train, other _____)	\$ _____	\$ _____
55	Total vehicle expenses	\$ _____	\$ _____
56	Storage expense	_____ trips	_____ trips
57	Office expenses	_____ days	_____ days
58	Total fishing trips per year this vessel (all types of commercial fishing)	_____ days	_____ days
59	Total days per trip on average	_____	_____
60	Total days fished per trip on average	_____	_____

The next group of questions are intended to help capture the impacts of the COVID-19 pandemic response on fisheries.

61 How have you changed your fishing activities due to COVID-19?

62 What are the main reasons you made those changes?

63 By how much did your total annual fishing costs change in 202Y due to COVID-19? \$____.00

64 By how much did your total annual fishing revenue change in 202Y due to COVID-19? \$____.00

The next group of questions are intended to help capture the reasons for and the impacts of other substantial changes you made in 202X and 202Y.

65. Did you substantially change your fishing activities in 202X and/or 202Y? (Please check each that applies) No, not in either year Yes in 202X Yes in 202Y

If YES in 202X, please answer the following questions.

65a. How did you change your fishing activities in **202X**?

65b. What were the main reasons you made those changes in **202X**?

65c .By how much did each of the following increase or decrease for your vessel(s) in **202X** due to those changes? (Please enter “0” if there was no change)

Landings decreased by _____% OR increased by_____ % in 202X

Fishing revenues decreased by _____% OR increased by_____ % in 202X

Total operating costs decreased by _____% OR increased by_____ % in 202X

Crew size decreased by _____% OR increased by_____ % in 202X

If YES in 202Y, please answer the following questions.

65d. How did you change your fishing activities in **202Y**?

65e. What were the main reasons you made those changes in **202Y**?

65f. By how much did each of the following increase or decrease for your vessel(s) in **202Y** due to those changes? (Please enter “0” if there was no change)

Landings decreased by _____% OR increased by_____ % in 202Y

Fishing revenues decreased by _____% OR increased by_____ % in 202Y

Total operating costs decreased by _____% OR increased by_____ % in 202Y

Crew size decreased by _____% OR increased by_____ % in 202Y

66. Did you substantially change your **non-fishing activities** in 202X and/or 202Y? (Please check each that applies) No, not in either year Yes in 202X Yes in 202Y

If YES in 202X, please answer the following questions.

66a. How did you change your **non-fishing activities** in **202X**?

66b. What were the main reasons you made those changes in **202X**?

If YES, in 202Y, please answer the following questions.

66c. How did you change your **non-fishing activities** in **202Y**?

66d. What were the main reasons you made those changes in **202Y**?

67 Is there any other information you would like to share with us?

The Southwest Fisheries Science Center (SWFSC) is collecting this economic information to improve its ability to conduct analyses required by the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and other applicable law. The SWFSC and the Pacific Fishery Management Council will use this information to monitor, explain and predict changes in the economic performance and impacts of the West Coast Albacore Fishery. Among other things, this will enable fisheries managers and the public to more fully consider the economic effects of proposed and existing regulations for this important fishery.

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 0648-0773 and its expiration date is XX/XX/20XX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately one hour 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 voluntary. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Dr. Stephen Stohs, NMFS SWFSC, 8901 La Jolla Shores Drive, La Jolla, CA 92037-1508, Stephen.Stohs@noaa.gov.

We appreciate the confidential nature of the data being collected by this survey. The SWFSC will handle individual survey data as confidential business information and a form of protected personal information and will maintain the confidentiality of the information consistent with legal authorities available to it, including but not limited to the Privacy Act (5 U.S.C. Section 552a) and the Trade Secrets Act (18 U.S.C. Section 1905). The SWFSC will protect individual survey data from public disclosure to the extent permitted by law and it has instituted procedures to provide that protection.