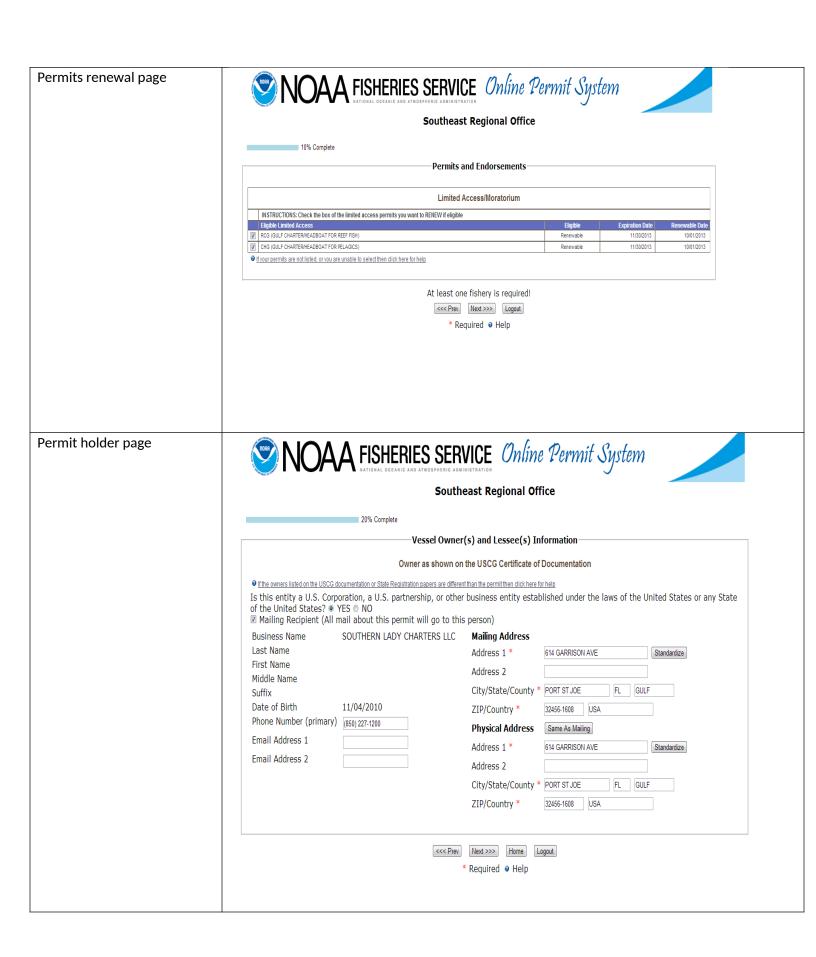
OAA FISHERIES SERVICE Online Permit System The main page of the PIMS on-line system **Southeast Regional Office** Permit Application Login-Vessel Number User Name User ID Password Email Submit **Vessel** information NOAA FISHERIES SERVICE Online Permit System screen **Southeast Regional Office** 2% Complete **Vessel Information** Please review and update as necessary information about the permitted vessel USCG Certificate of Documentation Number 1029566 Print the USCG documentation number on my permit State Registration (as applicable) Vessel Name * SOUTHERN LADY Hull Identification or IMO Number * 0 Hailing Port City * PORT ST JOE Port County or Parish * GULF Hailing Port State * FL Year Built * 1995 Length (feet) * 52.0 Total Horsepower * 1260.0 Crew Size - Including the Captain * 0 Hold or Fish Box Capacity (Pounds of Harvest) * 500.0 Hull Material * FIBERGLASS • Fuel Data * DIESEL 🔻 Fuel Capacity - Total Gallons * 600.0 Product Storage (check all that apply) * ☐ Freezer ☐ Live Well ☑ On ice ☐ Unknown ☐ Other This vessel is used MOSTLY for * CHARTER (CH) **USCG Documented Vessels Only**

Gross Tons * 43.0

Net Tons * 34.0

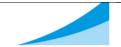
Passenger Capacity Data * Uninspected Vessel - 6-Pack •

Charter/Headboat Vessels Only



Officer shareholde r page





Southeast Regional Office

45% Complete Officer(s) and Shareholder(s) Information-Complete this section for each officer or partner associated with the business that owns or leases the vessel. You must provide the information for all officers shown on your most recent annual report. If your business is structured as a corporation, you are required to identify all shareholders in the corporation that own at least 1% of the shares. Also provide the percentage of all corporate shares held by each shareholder. Please mark the box indicating there are minor shareholders if you have shareholders that individually hold less than 1% of the business shares. The total of all entries must be 100 percent. Complete this section for each officer, owner, shareholder, or partner associated with the business; or beneficiary of a Trust; that owns or leases the vessel. You must provide the information for all officers shown on your most recent annual report; beneficiaries listed on a Trust; or all shareholders of a corporation that own at least 1% of the shares. Please mark the box indicating there are minor shareholders if you have shareholders that individually hold less than 1% of the business shares. The total of all entries must be 100 percent. Business Name: SOUTHERN LADY CHARTERS LLC All individuals associated with the vessel owner or lessee must be included in this application. List all officers, directors, shareholders, and registered agents of the business. Provide their name, Social Security Number, address, phone number, date of birth, and position held in business. Officer/Shareholder for Business(es) that Own or Lease the Vessel President/CEO Vice President Secretary Treasurer Director Manager Shareholder Partner ■ Agent ■ Trustee ■ Unknown 🕏 Other Percent (%) of corporation held: Is this person a United States citizen or permanent resident alien? O Yes O No Officer/Shareholder **Mailing Address** Business Name SOUTHERN LADY CHARTERS LLC Address 1 * 614 GARRISON AVE Standardize TANKERSLEY Last Name Address 2 First Name JANIS City/State/County * PORT ST JOE Middle Name MARIE ZIP/Country * 32456-1608 USA Suffix Physical Address Same As Mailing Date of Birth 12/10/1958 Address 1 * Phone (primary) (850) 227-1200 614 GARRISON AVE Standardize Fmail Address 1 City/State/County * PORT ST JOE FL GULF Email Address 2 ZIP/Country * 32456-1608 USA Officer/Shareholder for Business(es) that Own or Lease the Vessel Position held 🛮 President/CEO 🗆 Vice President 🗎 Secretary 🗎 Treasurer 🗎 Director 👚 Manager 🖗 Shareholder Agent Trustee Unknown Other Partner Percent (%) of corporation held: 100.0 Is this person a United States citizen or permanent resident alien? O Yes O No Officer/Shareholder Mailing Address Business Name SOUTHERN LADY CHARTERS LLC 614 GARRISON AVE Address 1 * Standardize Last Name TANKERSLEY Address 2 JACOB First Name City/State/County * PORT ST JOE Middle Name LESLIE ZIP/Country * 32456-1608 USA Suffix Physical Address Same As Mailing Date of Birth 03/27/1983 Address 1 * 614 GARRISON AVE Phone (primary) (850) 227-5860 Email Address 1 Address 2 City/State/County * PORT ST JOE FL GULF Email Address 2

ZIP/Country *

32456-1608 USA

Requirements needed to issue permits





55% Complet

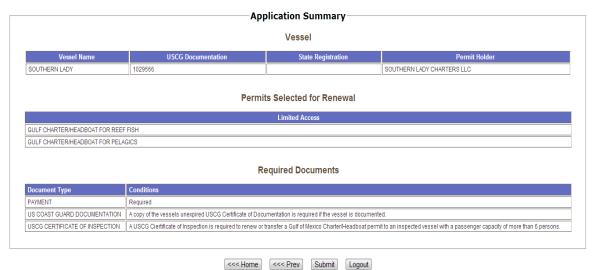
Application Requirements Documents Required to Complete Application *Document's required for this application can be faxed, uploaded or mailed. Fax Mail Upload Document Type STATE REGISTRATION US COAST GUARD DOCUMENTATION A copy of the vessels unexpired USCG Certificate of Documentation is required if the vessel is documented • A USCG Ciertificate of Inspection is required to renew or transfer a Gulf of Mexico Charter/Headboat permit to an inspected vessel with a 0 USCG CERTIFICATE OF INSPECTION • \bigcirc passenger capacity of more than 6 persons Documents on file with SERO that will be used with this application Document Type Docum No documents on file Logbooks Required to be Compliant to Complete Appplication ssel Number | Logbook Status | SEFSC Co No logbook data available **Application Payment** Number of vessel permit requests: 2 Amount Due: \$35.00

<<< Prev Next >>> Logout

summary



75% Complete



* Required @ Help