



Instructions for the Change of Information Form for Federal Fisheries Permits

Rev 08/30/2021

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at <https://www.fisheries.noaa.gov/permits-and-forms>.

General Instructions:

The owner /lessee of a vessel with a permit, a person with an operator permit, or a dealer with a permit must notify the SERO Permit Office within 30 days after any change in the application information. The permit is void if any change in the information is not reported within 30 days.

Changes to application information may be provided to the SERO Permit Office with this form, or by a letter or other format written notification. This application form is provided as a convenience. Other written notification, as long as it includes all necessary information to identify the information change and the authority of the requester, will also be accepted.

The SERO Permits office cannot accept change of information requests over the phone.

What Sections do I complete?

Complete all applicable sections of this application form. Specifically,

- Complete Section 1 to help us identify the permits affected by the change(s). E.g. if you are changing mailing address of a permit holder, a vessel owner or lessee, an officer or shareholder of a vessel owner or lessee, or an officer or shareholder of a dealer; identify the vessel number or dealer number of the permits affected.
- If the change of information affects a mailing or physical address you may provide the updated information in Section 2. If it does not involve a mailing or physical address, please describe the change in Section 1, or attach separate documentation.
- A signature is required from all applicants.

What if I don't use this form?

Changes to application information may also be provided by other written documentation. If providing other documentation, be sure it is clear what information is being changed, and the information change request is signed by somebody authorized to change the information. (e.g. the Permit Holder of a vessel or dealer permit, or an officer or owner of a business that holds a vessel or dealer permit, or the operator of an operator card.)

What is the fee?

There is no fee to update application information.

What Supporting Documentation is Required?

- For limited entry vessel permits, if the change of information is to any information *printed on the face of the permit*, include the original permit. An updated permit will be issued which reflects the change of information.

Where do I send requests to change application information?

Mail the changes in application information and any necessary supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.**

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

Public Burden Statement - 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 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 5 minutes 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 required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

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 High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. 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 National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

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

U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)
 727-824-5326 (9:00 a.m. - 4:00 p.m. ET)
<https://www.fisheries.noaa.gov/permits-and-forms>



CHANGE OF INFORMATION FORM FOR FEDERAL FISHERIES PERMITS

<p>FOR OFFICE USE ONLY</p> <p>Application ID</p>

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Check or Money Order Number	
Expiration Date	
SCAN DATE AND INITIALS	

Federal regulations require permit holders to notify the Permits Office of any information change concerning the vessel and/or permit owner within 30 days of a change. Failure to notify the Permits Office of the change - especially an address change - may adversely impact permit(s). If you need additional forms, photocopy this blank form as many times as needed and fill out one for each individual/business. Mark the box that applies to whom the change is for. The form must be signed by the individual named on the form or by an officer or shareholder if the change is for a business. There are no fees required to change/correct the information in sections 1 or 2.

SECTION 1 - VESSEL OR DEALER INFORMATION

NOTE: This form is only for changing information about your current vessel. Changing the vessel itself requires an application for transfer or new permits.

USCG Document Number or State Registration Number	Vessel Name

Name of Dealer

Briefly tell us what information has changed

SECTION 2 - VESSEL OWNER, DEALER, OR PERMIT HOLDER INFORMATION

This entity is a: Vessel Owner or Permit Holder (if not the vessel owner) or Dealer

MAILING RECIPIENT - All mail about the permit(s) will go to the PERMIT HOLDER

Last Name or Business Name	First Name	Middle Name	Suffix - Jr, Sr, etc.

Individual Tax Identification Number (SSN) OR Federal Employer Tax Identification Number (FEIN)	Date of Birth or Business Filed (MM/DD/YYYY)	Area Code	Phone Number

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country

Check box if the street address is the same as the mailing address.

Street Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country

Email Address - REQUIRED

SECTION 3 - SIGNATURE OF INDIVIDUAL REQUESTING THE CHANGE

Applicant Signature		Date	
Print Name		Position in Business	