

# Instructions for the Federal Permit Application for Vessels Fishing in the Exclusive Economic Zone (EEZ)

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>.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

## **General Instructions:**

### **What Sections do I complete?**

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- **All applicants** must fill out Section 1, and Section 2 and/or Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more **individuals**, fill out Section 4.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more **businesses**, fill out Section 5.
- If the vessel is **leased** and the permit(s) will be issued to the lessee(s), complete Section 6.
- If the vessel is **owned** by a business which is owned by another business, in addition to completing Section 5, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that own the vessel.
- If the vessel is **leased** by a business which is owned by another business, in addition to completing Section 6, complete Section 7. In Section 7, provide information about all businesses that are parent companies of businesses that lease the vessel.
- If the vessel is owned or leased by a business, in addition to completing Section 5 and/or 6, complete Section 8. In Section 8, provide information about all individuals that are owners or officers of businesses listed in Section 5, Section 6, and/or Section 7.
- Complete Section 9 if the any owners of the businesses listed in Section 5, Section 6, or Section 7 hold an ownership percentage less than 1%. This is not common.
- Applicants of Historical Captain Endorsements for Gulf of Mexico Charter/Headboat permits, or designated operator (income qualifier) for Commercial Spiny Lobster Permits, complete section 10
- Applicants requesting a Sea Bass Pot endorsement or Golden Crab permit fill out Section 11.
- **All applicants** must fill out Section 12, *and* Section 13.

An email address is required to complete the application. You may receive updates about your permit and application status (when available). Additionally, if you check the Optional box at the bottom of the section, you may receive open access permits by email for you to print on your own. See pages 3-6 for information about specific sections of this application.

## **What is the Fee?**

The application fee is **\$25 for one fishery and \$10 for each additional fishery**, as described in the table below. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable. For Gulf of Mexico Charter/Headboat permits only, there is an additional, non-refundable **\$10 fee for each decal**. The fee to replace one or more permits issued to a vessel is \$18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

### Permits

1 = \$25 2 = \$35 3 = \$45 4 = \$55 5 = \$65 6 = \$75 7 = \$85 8 = \$95 9 = \$105 10 = \$115 11 = \$125

### Gulf of Mexico Charter/headboat Decals

1 = \$10 2 = \$20

## **Where do I send the application?**

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope (we no longer accept the handwritten carrier forms as these are not actually pre-paid. The label **MUST** be PRE-PAID and printed out from a printer). Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

## **What About Reporting Compliance?**

- NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.
- Send Coastal and Pelagic logbook report(s) to National Marine Fisheries Service, **Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9915**. Please direct questions concerning reporting Coastal and Pelagic reporting requirements to the Southeast Research Management Division at **(305) 361-4581**. You can also check the status for these logbooks online at <https://grunt.sefsc.noaa.gov/vrsr/VesselReportingStatus.jsp>.
- Send Gulf of Mexico Shrimp Landing Reports and Gulf Shrimp Vessel & Gear Characterization forms to Rebecca Smith, NMFS Galveston Laboratory, 4700 Avenue U, Galveston, TX 7755; also, Gulf Shrimp applicants need to ensure compliance with the cELB program. See <https://go.usa.gov/xp8P6> for details. For information about all Gulf of Mexico Shrimp data collection programs contact Rebecca Smith at the NMFS Galveston Laboratory (409)-766-3783.
- Vessels selected for the For Hire headboat survey should contact Mr. Ken Brennan of the NMFS Southeast Fisheries Science Center at (252) 728-8618 for information about required reports.

## **What supporting documentation do I need?**

- **Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.
- **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- **Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.
- **Original Permits:** When transferring limited entry permits from one vessel to another, or from one owner or lessee to another owner or lessee, include the original permits being transferred.
- Except when transferring a permit to the same vessel owner(s) and lessee(s) (as applicable), the permit holder listed on the face of the permit must sign the back of the permit as the seller. If the permit holder is a business or organization, an officer or owner of the permit holder must sign the back of the permit as the seller. The seller's signature must be notarized.
- When transferring a Gulf of Mexico Charter/headboat permit, even to the same vessel owner(s) /lessee(s), the transferor must sign the back to affirm removal of the charter/headboat decal.
- If the transfer is not for a Gulf of Mexico Charter/ headboat permit, and the vessel owner(s)/lessee(s) will remain the same, the permit does not need to be signed.
- Highly Migratory Species (HMS) Workshop Certificate:
- To renew a Shark or Swordfish Directed or Incidental permit, include a copy of a valid Protected Species Safe Handling, Release, and Identification Workshop Owner's Certificate issued to the vessel owner.
- To transfer Shark or Swordfish Directed or Incidental permits, include a copy of either a valid Owner or Operator's Protected Species Safe Handling, Release, and Identification Workshop Certificate issued to the vessel owner.
- **Florida Saltwater Products License:** To obtain a lobster tailing permit, if the vessel will not obtain or already possess a valid commercial spiny lobster permit, include a copy of a Florida Saltwater Products License with crawfish endorsement issued to the vessel or to the applicant.
- **Miscellaneous or uncommon documents:** To transfer a Snapper Grouper Unlimited permit to an immediate family member, documentation proving the familial relationship will be required. To transfer a permit pursuant to will/probate of a deceased permit holder, copies of the will and court order will be required. For these sorts of unusual transfer transactions, we recommend you contact the Permits Office toll free at (877) 376-4877 to discuss the details of your particular situations.

### **A few words about transfers and renewals...**

- Any change to the identity of the entities that own or lease the vessel, or to the vessel to which permits are issued, means the permit cannot be *renewed*. If the permit is a limited entry permit, it may be *transferred* to the new vessel or vessel owner(s) and lessee(s). If the permit is open access, a *new* permit may be obtained.
- Various restrictions apply to the renewal or transfer of limited entry permits and endorsements. Consult the applicable US Code of Federal Regulations, available online at <https://www.fisheries.noaa.gov/southeast/about-us/fishing-southeast>
- A vessel owner with moratorium Gulf of Mexico Coastal Migratory Pelagic Charter/Headboat and/or a Reef Fish Charter/Headboat permit(s) that transfers the permit(s) to another vessel owner or to another vessel, must remove the Federal Charter/Headboat decal from the vessel.
- With the exception of Sea Bass Pot endorsements and Golden Tilefish endorsements, NMFS cannot transfer expired permits/endorsements to a new permit holder. For all other limited entry permits, an applicant may transfer a permit only when the seller(s) signature is notarized BEFORE the expiration date, and the applicant submits an application to transfer the permit before the permit terminates, which is the date one year following the expiration date of the permit (or 6 months following the expiration date of a Golden Crab permit) and as printed on the face of the permit. An applicant may transfer a Sea Bass Pot endorsement or Golden Tilefish endorsements only when the seller(s) signature is notarized and the application is submitted BEFORE the termination date of the endorsements.

### **APPLICATION SECTION 1 – VESSEL INFORMATION.**

- Complete all portions of Section 1.
- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- For Highly Migratory Species (HMS) applicants only:
- An International Maritime Organization (IMO) number is required for all vessels longer than 20 meters (65 feet 8 inches) applying for HMS commercial shark, swordfish or Atlantic Tuna longline permits.
- If applying for a HMS commercial swordfish, shark, or Atlantic Tuna Longline permit without a vessel, write “NO VESSEL” in the field for USCG Official Number.
- Shark and Swordfish directed and incidental permit applicants must indicate whether the vessel fishes with or carries on board longline and gillnet gear.
- For For-Hire vessel applicants only:
- Indicate if the vessel is an uninspected vessel authorized to use a “6-pack” license, or a USCG inspected vessel, and if so, the passenger capacity of the vessel.

### **APPLICATION SECTIONS 2 AND 3 – Permits Requested.**

- Indicate the fishery and transaction type of the permits requested. Open Access Permits are shown in section 2, and may be requested as either NEW or as a RENEWAL. Limited Access permits are shown in Section 3 and may be requested as either a RENEWAL or a TRANSFER. Indicate the permit number in the space provided.
- **Commercial Spiny Lobster Income Qualification:** NMFS requires an Income Qualification Affidavit with each application for a Commercial Spiny Lobster permit, as proof of meeting permit income qualification requirement of the Commercial Spiny Lobster fishery. Additional income qualification documentation may be required upon request.
- Additionally, Lobster *Tailing* applicants must either obtain a Commercial Spiny Lobster permit or provide a copy of a valid Florida Saltwater Product License with a crawfish endorsement, issued to the vessel or the applicant.

### **APPLICATION SECTION 4 -- Individuals that own the vessel.**

- If the owner of the vessel as shown on the U.S. Coast Guard Certificate of Documentation or the State Registration or title of the vessel is an individual, provide information for all individuals listed. Complete section 4a, including email address, for the individual that is the owner of the vessel. For a vessel jointly owned by more than one individual, this individual will be the point of contact for all mail & email concerning the application and permits. Fill out Section 4b if the vessel is jointly owned by another individual. Copy the page as needed to list any additional vessel owners that are individuals.
- For each owner, provide the information that is listed in each section (4a and 4b if needed.)
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.

## **APPLICATION SECTION 5-- Businesses that own the vessel.**

- If the owner of the vessel as shown on the U.S. Coast Guard Certificate of Documentation or the State Registration or title of the vessel is a business, provide information for all businesses listed. Complete section 5a, including email address for the business that the owner of the vessel. For a vessel jointly owned by more than one business, this business will be the point of contact for all mail & email concerning the application and permits. Fill out Section 5b if the vessel is jointly owned by another business. Copy the page as needed to list any additional vessel owners that are businesses.
- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- For each owner, provide the information that is listed in each section (5a and 5b as needed.)
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at <https://go.usa.gov/xp8Px>

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## **APPLICATION SECTION 6 – LEASE Information** If the vessel is leased by one or more individuals, fill out section 6A. Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, provide the information that is listed in section 6a.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- If the vessel is jointly leased, provide the email address in section 6a (individual) or 6b (business) for the PRIMARY lessee who will be the point of contact for all mail & email concerning the application and permits.
- If the vessel is leased by one or more businesses, provide the information that is listed in section 6b. Copy this page as necessary to provide information about all businesses that lease the vessel
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at <https://go.usa.gov/xp8Px>
- A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease permits. Permit holders may lease a vessel and obtain permits on the vessel as the lessee. Note that vessel owners and lessees cannot independently hold permits for the same vessel at the same time

## **APPLICATION SECTION 7 –Businesses that Own Businesses** Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 5a, 5b, or 6b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business's full name, federal tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at <https://go.usa.gov/xp8Px>
- **Example:** If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

## **APPLICATION SECTION 8 –Businesses Officers and Individual Owners**

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 5a, 5b, 6b, or 7. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, individual tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.

- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- **Example:** If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A and Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

**APPLICATION SECTION 9 – Minor shareholders**

This section is left blank for most applicants. Complete Section 9 if a business listed in Section 5a, 5b, 6b, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership that is individually held by owners who own less than 1%.

**APPLICATION SECTION 10 -- Historical Captain or Designated Operator (Income Qualifier)**

This section does not apply for most applications. Only complete this section for:

- 1) Gulf of Mexico Charter/Headboat permits with a Historical Captain endorsement, or
- 2) Commercial Spiny Lobster permit for which the income qualification requirement has been met the fishing income of a Designated Operator. A Designated Operator is a vessel operator who is neither a vessel owner nor lessee listed in Section 4a, 4b, 6a, nor an officer of a business that owns or leases the vessel as listed in 7a.

**SPINY LOBSTER INCOME REQUIREMENTS**

Percentage of earned income	At least 10%
Source of Earned Income	Sale of Catch
Time Frame for Qualification	The calendar year prior to application

- For each historical captain or designated operator, include the individual's full name, individual tax ID number (SSN), date of birth, phone number, physical and mailing address, and gender/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Note that Designated Operators must ALSO sign the application in Section 13.

**APPLICATION SECTION 11 - Sea Bass pots or Golden Crab pots**

Complete this section only if you fish with pots in the snapper-grouper fishery or traps in the golden crab fishery off the southern Atlantic states.

- The Sea Bass pot fishery requires tags be ordered through NMFS. Trap Tags for the golden crab fishery do not need to be ordered through NMFS.
- To order tags from Floy Tag Inc through NMFS, complete this section with all Buoy, pot and tag information. **DO NOT SEND PAYMENT with this application as it will be returned to you.** Once your permit is issued, NMFS will submit the required tag order to Floy Tag , Inc. and Floy Tag, Inc. will contact the permit holder for payment arrangements.

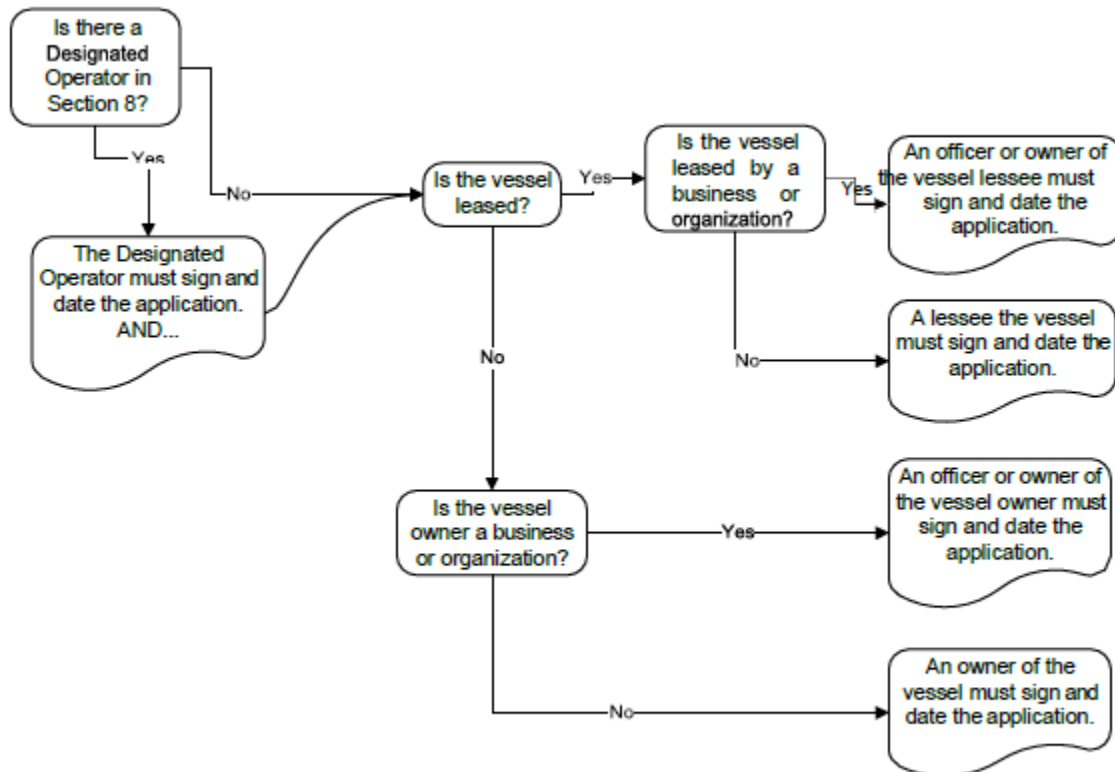
**APPLICATION SECTION 12 – Small Business or Organization Certification**

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.

## **APPLICATION SECTION 13 – SIGNATURE FOR APPLICATION**

- If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.
- If the vessel has a Designated Operator/Income Qualifier for Commercial Spiny Lobster permits, the Designated Operator must *also* sign and date the application.

The following flowchart describes how to identify who needs to sign the application



**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 50 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.

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>



# FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

FOR OFFICE USE ONLY	
Reviewer Initials and date	
Application Check Or Money Order number and Amount	
Floy Tag Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration Date(s)	
SCAN DATE AND INITIALS	

FOR OFFICE USE ONLY

Application ID

**REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.**

## SECTION 1 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation (If the vessel is documented)

Year Built

Length (ft)

Total Horsepower

State Registration Number (as applicable)

Crew Size—Including the Captain, but not including passengers.

Vessel Name

**ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate**  
How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?

Hull Identification Number (HIN)

Hull Material	
<input type="checkbox"/>	FIBERGLASS
<input type="checkbox"/>	WOOD
<input type="checkbox"/>	STEEL
<input type="checkbox"/>	ALUMINUM
<input type="checkbox"/>	OTHER (DESCRIBE)
_____	

Fuel Data	
<input type="checkbox"/>	DIESEL
<input type="checkbox"/>	GASOLINE
<input type="checkbox"/>	OTHER (DESCRIBE)
_____	
<b>Fuel Capacity - Total Gallons</b>	
_____	

Product Storage (check all that apply)	
<input type="checkbox"/>	ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER, ETC
<input type="checkbox"/>	FREEZER
<input type="checkbox"/>	LIVE WELL

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

**USCG DOCUMENTED VESSELS ONLY**

Gross Tons

Net Tons

International Maritime Organization (IMO) Number  
As applicable (see instructions)

**Passenger Capacity Data For Charter Vessels/Headboats Only**

UNINSPECTED VESSEL - "6-PACK"

USCG INSPECTED VESSEL: Specify Passenger Capacity as listed on the USCG Certificate of Inspection, not including Capt. and Crew.

This vessel is used **MOSTLY** for

<input type="checkbox"/>	Commercial Fishing
<input type="checkbox"/>	Charter
<input type="checkbox"/>	Headboat

For Shark and Swordfish Directed and Incidental Permit Applicants Only: Does your vessel fish with, or carry onboard, either longline or gillnet gear?

Yes       No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".



**SECTION 2 - OPEN ACCESS PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the U.S. Treasury. The fee is \$25.00 for the first permit and \$10.00 for each additional permit or endorsement requested on this application. A separate decal is now required for each Gulf of Mexico charter/headboat permit. The fee is \$10 per decal per permit. The fee schedule is found with the Gulf of Mexico Charter/headboat permit requests on page 3.

**FEE SCHEDULE FOR PERMITS AND ENDORSEMENTS:**

Permit: 1: \$25 2: \$35 3: \$45 4: \$55 5: \$65 6: \$75 7: \$85 8: \$95 9: \$105 10: \$115 11: \$125 12: \$135

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

**OPEN ACCESS COMMERCIAL PERMITS**

**NEW RENEW**

	NEW	RENEW
ATLANTIC DOLPHIN/WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT) You must have an LC permit OR provide your FL SPL information below.	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>
ROCK SHRIMP - CAROLINAS ZONE (RSCZ) <u>An Operator Card is required</u>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>
GULF ROYAL RED SHRIMP ENDORSEMENT (GRRS) You must have a valid Gulf of Mexico Shrimp permit	<input type="checkbox"/>	<input type="checkbox"/>
HMS COMMERCIAL CARIBBEAN SMALL BOAT PERMIT (CCSB) Valid only in U.S. Caribbean (Puerto Rico and USVI)	<input type="checkbox"/>	<input type="checkbox"/>
SMOOTH HOUND SHARK (SHS)	<input type="checkbox"/>	<input type="checkbox"/>

**OPEN ACCESS CHARTER/HEADBOAT PERMITS**

**NEW RENEW**

	NEW	RENEW
ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>

**SPINY LOBSTER INCOME QUALIFICATION AFFIDAVIT**

An Income Qualification Affidavit is required with each application: "50CFR622.400 An applicant must provide the following information: (vi) A sworn statement by the applicant for a vessel permit certifying that at least 10 percent of his or her earned income was derived from commercial fishing, that is, sale of the catch, during the calendar year preceding the application. " Knowingly supplying false information or willfully overvaluing any fishing income for the purpose of obtaining a permit is a violation of Federal law punishable by a fine and/or imprisonment. The affidavit below fulfills this requirement to obtain a Spiny Lobster Permit

The following information applies to my income qualification for the Spiny Lobster fishery:

I, \_\_\_\_\_, hereby declare under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001; 16 USC 1857). I agree to provide the necessary documentation to prove that I met the earned income requirement when so requested by the National Marine Fisheries Service.

Executed on \_\_\_\_\_ (date signed). Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Business Name (if Applicable) \_\_\_\_\_ Type of business (if Applicable) \_\_\_\_\_

Position In Business (if Applicable) \_\_\_\_\_

**FOR LOBSTER TAILING PERMIT APPLICANTS ONLY**

LOBSTER TAILING APPLICANTS: To obtain a lobster tailing permit you must possess a Florida Saltwater Products License (SPL) with Restricted Species and Crawfish endorsements. If you do not have a Florida SPL with Restricted Species and Crawfish Endorsements, you must possess or simultaneously obtain a valid Federal Spiny Lobster (LC) permit.

*You must provide a copy of your Florida SPL if you do not have a Federal Spiny Lobster (LC) permit*

Saltwater Products License Number   
 Saltwater Products License Expiration Date

Crawfish Endorsement Number

**SECTION 3 - LIMITED ACCESS/MORATORIUM PERMITS AND ENDORSEMENTS**

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. Please refer to the fee schedule in section 2 of the application.,

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

**LIMITED ACCESS COMMERCIAL PERMITS**

**PERMIT NUMBER    TRANSFER    RENEW**

KING MACKEREL (KM)					
GILLNET FOR KING MACKEREL (GN)					
GULF OF MEXICO SHRIMP (SPGM)					
GULF OF MEXICO COMMERCIAL REEF FISH (RR)					
EASTERN GULF OF MEXICO REEF FISH BOTTOM LONG LINE ENDORSEMENT (RRLE)					
ROCK SHRIMP (SOUTH ATLANTIC EEZ) (RSLA) <u>An Operator Card is required</u>					
SOUTH ATLANTIC GOLDEN CRAB (GC)					
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1)					
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2)					
SOUTH ATLANTIC SEA BASS POT ENDORSEMENT (SBPE)					
SOUTH ATLANTIC GOLDEN TILEFISH ENDORSEMENT (GTFE)					
SWORDFISH DIRECTED (SFD)					
SWORDFISH HANDGEAR (SFH)					
SWORDFISH INCIDENTAL (SFI)					
SHARK DIRECTED (SKD)					
SHARK INCIDENTAL (SKI)					
ATLANTIC TUNA LONGLINE (ATL) Must have either SFI or SKI and either SFD or SKD					

**LIMITED ACCESS CHARTER/HEADBOAT PERMITS**

Southeast For-Hire Electronic Reporting Program Affirmation:

By checking this box, I affirm that I understand that as a Gulf for Hire permit holder, I have (as required) a VMS or archivable GPS unit installed on this vessel . Failure to check this box is an application deficiency and will delay the processing of this application.

**Fee Schedule for Charter Decals: 1 Decal - \$10 2 Decals - \$20.**

Note: Decal fees are in addition to normal permit fees. See fee Schedule at the top of section 2.

**PERMIT NUMBER    TRANSFER    RENEW**

GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)					
GULF CHARTER/HEADBOAT FOR REEF FISH (RCG)					
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)					
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR REEF FISH (HRCG)					

## SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

**Section 4a: Primary or Sole Owner:** Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel.

**MAILING RECIPIENT - IF the vessel is NOT leased, All mail about the permit(s) on this vessel will go to the individual listed in Section 4a**

Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's race?	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Email Address - REQUIRED

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Section 4b: Joint Owner.** Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Unless the vessel is leased, this individual will be a JOINT PERMIT HOLDER.

Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's race?	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____

Last Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Email Address - REQUIRED

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Copy this page as needed to include ALL individual owners of the vessel.

**SECTION 5 – BUSINESS VESSEL OWNER(S) INFORMATION**

**Section 5a: Primary or Sole Owner:** Complete this section if there is one or more businesses shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Unless the vessel is leased, this business will be PERMIT HOLDER - All mail and email about permits assigned to this vessel will go to this entity.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

**Registered Name of Business**

<b>Federal Employer Tax ID Number (FEIN)</b>	<b>Date Business Formed (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email Address - REQUIRED:**

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 5b: Joint Owner:** Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

**Registered Name of Business**

<b>Federal Employer Tax ID Number (FEIN)</b>	<b>Date Business Formed (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Copy this page as needed to include ALL business owners of the vessel.

## SECTION 6 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date:  Lease end date:

**Section 6a: Individual or Joint Lessee:** Complete this section if one or more individuals is leasing the vessel from the vessel owner. This individual will be PERMIT HOLDER - All mail and email about the permits assigned to this vessel will go to this individual.

Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin?  Yes  No

What this individual's Sex?  Male  Female

What is this individual's race?  White  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Black or African American  Asian American  Other \_\_\_\_\_

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

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)  Date of Birth (MM/DD/YYYY)  Area Code  Phone Number

Email Address - REQUIRED

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

Check box if the Physical Address is the same as the mailing address.

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

**Section 6b: Business Lessee:** Complete this section if there is one or more businesses is leasing the vessel from the owner of the vessel. This business will be PERMIT HOLDER - All mail and email about the permits assigned to this vessel will go to this entity.

Type of business:  S Corporation  Cooperative  Other \_\_\_\_\_  
 C Corporation  Limited Liability Co.  Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)  Date Business Formed (MM/DD/YYYY)  Area Code  Phone Number

Email Address - REQUIRED:

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

Check box if the Physical Address is the same as the mailing address.

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

**Copy this page as needed to include ALL lessees of the vessel.**

## SECTION 7 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and 6b. Copy this section as needed.

### Section 7a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_  
 C Corporation     Limited Liability Co.     Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  
 NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country








Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country








### Section 7b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_  
 C Corporation     Limited Liability Co.     Partnership

Was this Business properly established by the laws of the United States or any state of the United States?  YES  
 NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country








Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country

**SECTION 8 - BUSINESS OFFICERS AND BUSINESS OWNERS**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 5a, 5b, 6b, and 7. Copy this section as needed.

**Section 8a: Individual Officer/Owner:**

Business for which this individual is an officer/owner of:

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

Percent of Business Owned:  Is this individual a United States citizen or permanent resident  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's race?	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 8b: Additional Officer/Owner:**

Business for which this individual is an officer/owner of:

**Position Held - Check ALL That Apply**

President/CEO  Vice President  Secretary  Treasurer  Director/ Manager  Shareholder  Other

Percent of Business Owned:  Is this individual a United States citizen or permanent resident  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is this individual's race?	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 9 - OWNER INFORMATION FOR UNNAMED MINOR SHAREHOLDERS OF BUSINESSES**

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.  
 TOTAL PERCENTAGE of the business shares held by minor owners.

**SECTION 10 - HISTORICAL CAPTAIN OR DESIGNATED OPERATOR (INCOME QUALIFIER)**

This individual is a (check either Historical Captain **OR** Designated Operator for Commercial Spiny Lobster):

<input type="checkbox"/>	Historical Captain for Gulf of Mexico Charter/Headboat permits
<input type="checkbox"/>	Designated Operator (Income Qualifier who is not the Permit Holder) for Commercial Spiny Lobster

**A Historical Captain MUST sign Section 13 as the applicant.**

**A Designated Operator MUST sign Section 13 as the operator along with the applicant.**

**NOTE: All mail about historical Captain Permits will go to the individual listed as the Historical Captain.**

Is this individual a United States Citizen or permanent resident alien?  YES  NO

Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female
What is this individual's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address - REQUIRED

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 11 - SEA BASS POTS OR GOLDEN CRAB TRAPS**

COMPLETE THIS SECTION ONLY IF YOU HAVE SEA BASS POTS OR IF YOU HAVE GOLDEN CRAB TRAPS.

Tag cost is \$2.25 per tag. NMFS is NO LONGER accepting Floy Tag Payments. **DO NOT SEND Floy Tag PAYMENT with this application as it will be returned to you.** Once your permit is issued, NMFS will submit the required tag order to Floy Tag, Inc. and Floy Tag, Inc. will contact the permit holder for payment arrangements.

I Need tags for: Sea Bass Pots  Golden Crab Traps

What color are your Buoys for Sea Bass Pots or Golden Crab Traps?

**South Atlantic Sea Bass Pot/Golden Crab Trap Information** - You are allowed a MAXIMUM of 35 Sea Bass Pots

Number of Pots/Traps	Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## SECTION 12 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

ALL applicants must complete this section

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

**Information needed to complete this section:** Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

**How to fill out the form:** Start with Box 1. If the answer to the question in Box 1 is "Yes," check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.

<p>Box 1. Is the business primarily involved in harvesting seafood (commercial fishing)?</p> <p>Yes            No</p> <p><b><u>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 2 below.</u></b></p>	<p>1A) Was the business active prior to this year?</p> <p>Yes            No</p> <p><b><u>If yes, go to question 1B. If no, you are done. Go to Section 13 of the</u></b></p>	<p>1B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$11 million in gross receipts in that year? Yes            No</p> <p><b><u>You are done. Go to Section 13 of the</u></b></p>
↓		
<p>Box 2. Is the business primarily involved in for-hire fishing services (charter, party/headboat)?</p> <p>Yes            No</p> <p><b><u>If the answer is yes, go to question 2A to the right. Otherwise, go to Question 3 below.</u></b></p>	<p>2A) Was the business active prior to this year?</p> <p>Yes            No</p> <p><b><u>If yes, go to question 2B. If no, you are done. Go to Section 13 of the application.</u></b></p>	<p>2B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$8 million in gross receipts in that year? Yes            No</p> <p><b><u>You are done. Go to Section 13 of the application.</u></b></p>
↓		
<p>Box 3. Is the business primarily involved in buying and selling seafood (seafood dealer/wholesaler)?</p> <p>Yes            No</p> <p><b><u>If the answer is yes, go to question 3A to the right. Otherwise, go to Question 4 below.</u></b></p>	<p>3A) Was the business active prior to this year?</p> <p>Yes            No</p> <p><b><u>If yes, go to question 3B. If no, you are done. Go to Section 13 of the application.</u></b></p>	<p>3B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 100 employees? Yes            No</p> <p><b><u>You are done. Go to Section 13 of the application.</u></b></p>
↓		
<p>Box 4. Is the business primarily involved in processing seafood (seafood processor)?</p> <p>Yes            No</p> <p><b><u>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 5 on the next page.</u></b></p>	<p>4A) Was the business active prior to this year?</p> <p>Yes            No</p> <p><b><u>If yes, go to question 4B. If no, you are done. Go to Section 13 of the application.</u></b></p>	<p>4B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 750 employees? Yes            No</p> <p><b><u>You are done. Go to Section 13 of the application.</u></b></p>

↓  
Next page

**SECTION 12 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**  
(Continued from previous page)

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes            No

If the answer is yes, go to question 5A to the right. Otherwise, go to Question 6 below.

5A) Was the organization active prior to this year?

Yes            No

If yes, go to question 5B. If no, you are done. Go to Section 13 of the application.

5B) What was the most recent year the organization was active prior to this year?

\_\_\_\_\_

Did the organization have more than \$15 Million in gross receipts?    Yes            No

You are done. Go to Section 13 of the application.

Box 5. Is the organization some other Non-Profit Organization (e.g., business association)?

Yes            No

If the answer is yes, go to question 6A to the right. Otherwise, go to Question 7 below.

6A) Was the organization active prior to this year?

Yes            No

If yes, go to question 6B. If no, you are done. Go to Section 13 of the application.

6B) What was the most recent year the business was active prior to this year?

\_\_\_\_\_

Did the organization have more than \$7.5 Million in gross receipts?    Yes            No

You are done. Go to Section 13 of the application.

If you are here, you have answered NO to Questions 1 thru 6. If you answered one of those questions YES, return to that question and finish there.

7) The business or organization must be primarily involved in another industry not related to fishing or seafood. Refer to SBA's list of North American Industry Classification System (NAICS) codes (see <https://www.sba.gov/document/support--table-size-standards>) and enter the NAICS code for your primary activity here:

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large                      Small                      Year:                      You are done. Go to Section 13 of the application.

**SECTION 13 - SIGNATURE FOR APPLICATION - REQUIRED**

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 6a, or an officer or shareholder of the lessee as listed in Section 7b, with that individuals information listed in section 8. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 8.

Applicant Signature                          Date      
(Vessel Owner from Section 4,  
Company Officer Shareholder from Section 8,  
OR Lessee From Section 6)

Print Name                     

Position in Business (Officer or Shareholder from Section 8)                     

Designated Operator Signature                          Date      
(Individual who filled out section 10, Designated Operator for Lobster Permits)