



Instructions for the Federal Permit Application for Southeast Region Issued Operator Card

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:

South Atlantic Rock Shrimp permits are not valid when underway for fishing in the Atlantic EEZ unless the operator or a crewmember on board the vessel holds a valid Operator Card.

What Sections do I complete?

All applicants must fill out Section 1, and Section 2. All fields should be typed or printed in inkw

What is the fee?

The application fee is **\$50** and is non-refundable. A check or money order payable to the U.S. TREASURY must accompany each application. There is an \$18 fee to replace a lost Operator Card.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to:

**NMFS Permits Office (F/SER14)
263 13th Avenue South,
St. Petersburg, FL 33701**

To receive an operator card via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite application processing; it only expedites delivery of your completed operator card package.

What supporting documentation do I need?

- Photograph:** Provide two (2) passport style photographs of the applicant. The photographs must be:
 - In color.
 - Printed on photo quality paper.
 - 2 x 2 inches (51 x 51 mm) in size.
 - Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
 - Taken within the last 6 months to reflect your current appearance
- Payment:** Include a signed check or money order for \$50 made out to the US Treasury.



APPLICATION SECTION 1 – OPERATOR INFORMATION.

- Provide the operator's full name, 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 an Operator Card.
- Provide an email address, your Operator card will be emailed to you when complete for you to print and carry.
- Provide the applicant's place of birth.
- Provide the applicant's current height, weight, eye color, and hair color.



APPLICATION SECTION 2 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 2.

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 30 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>



FEDERAL APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Check or Money Order Number	
Expiration Date	

SCAN DATE AND INITIALS

SECTION 1 - VESSEL OPERATOR (CARD OWNER) PERSONAL INFORMATION

Are you 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 is 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.

Individual Tax ID Number (SSN)	Date of Birth (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

Email Address - REQUIRED

Birth Place (City, State, Country)	Weight (lbs)	Height (ft & in)

<p style="text-align: center;">Eye Color</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Brown</td> <td style="width: 50%;"><input type="checkbox"/> Green</td> </tr> <tr> <td><input type="checkbox"/> Blue</td> <td><input type="checkbox"/> Hazel</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey	<input type="checkbox"/> Other	<p style="text-align: center;">Hair Color</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Brown</td> <td style="width: 50%;"><input type="checkbox"/> Blonde</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Red</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td></td> </tr> </table>	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde	<input type="checkbox"/> Black	<input type="checkbox"/> Red	<input type="checkbox"/> Grey	<input type="checkbox"/> Other	<input type="checkbox"/> White	
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<input type="checkbox"/> Grey	<input type="checkbox"/> Other														
<input type="checkbox"/> White															

If you are clean shaven or balding, indicate your actual hair color.

SECTION 2 - SIGNATURE - REQUIRED

Applicant Signature	Print Name	Date