

ATLANTIC STATES MARINE FISHERIES COMMISSION 1050 N. Highland Street, Suite 200 A-N Arlington, VA 22201 Tel: (703) 842-0740 Fax: (703) 842-0741

www.asmfc.org



ELECTRONIC MONITORING (EM) EQUIPMENT REIMBURSEMENT REQUEST FORM

Fishing vessel owners are eligible for reimbursement of one EM system every three years while funds last, including installation and vessel monitoring plan development. In the event that a vessel requires an upgrade or replacement of its system, or a system component, during the 3-year period, the vessel owner must apply for reimbursement approval prior to purchase. Hardware must be procured from a NOAA-approved service provider and must meet program standards and requirements.

- Purchase and install a **NOAA Approved** EM unit.
- 2. Work with the EM service provider to complete and sign this reimbursement request form.
- Submit the completed request form to your sector manager. The sector manager should aggregate the requests and submit them to ASMFC on a monthly basis for reimbursement.

I. VESSEL INFORMATION							
Vessel Name:							
Hull Number:							
Permit Number:			State R	State Registration Number:			
USCG Documentation Nun	mber:						
I. SECTOR and SECTOR MA	ANAGER INFO	ORMATION					
Sector							
Sector Manager Name:							
Phone Number:							
I. EM SYSTEM INFORMATI	ON						
Vendor:				Cost of Equipment:			
Installer:				VMP Development (Time):			
Equipment manufacturer:				Installation (Ti	Installation (Time):		
Equipment Model/Version number:				Installation (Travel):			
				Total			
V. Signature							
Under penalties of perjury is true, correct, and comple on board the vessel listed a	ete to the be	est of my knowledge.	I also declare th	at the EM equipm			
Applicant First Name:			MI:	Last Name:			
Business Name:							
Applicant Signature:					Date:		
FMRD Form EMR-2021-1.0	. For	m Effective Date 6.20	21 (Previous Ve	rsions Ohsolete)			Page 1