Vessel Monitoring System (VMS) Installation and Activation Certification For the Reef Fish Fishery of the Gulf of Mexico

PLEASE COMPLETE THIS FORM BY PROVIDING ALL REQUESTED INFORMATION

Fishing Vessel (F/V) Name:		
Vessel state registration number or U.S. Coast	Guard documentation number:	
Installing marine electrician or dealer (name, a	address, and telephone number):	
Date of Installati <mark>on (mm/dd</mark> /yyyy):		
VMS Mobile Transceiver Unit (MTU) Manufacturer name: Model: Manufacturer Serial Number (S/N): Communication network serial number (1	ISN):	_
VMS Mobile Communications Service Provide Communications provider name:	er (MCSP)	
Communications ID number assigned by	service provider:	
Did the manufacturer/vendor provide VMS M Did the manufacturer/vendor provide training Once the VMS MTU was installed, did the elec verify with NOAA OLE VMS Program person	g on the use of the VMS MTU? ctrician/dealer, or the owner and/or	
In accordance with 50 CFR 622.28(f), as the owner or fishery, I hereby certify that the VMS unit on my vess receipt of position data has been verify by NOAA Officompliance with the applicable procedures of this in state.	el has been installed and the communication ice of Law Enforcement (OLE) VMS Prog	on services activated, and
Vessel owner name:	UAA	
Vessel owner signature:	Date:	
Vessel operator name: Vessel operator signature	e of aw	J
Submit this completed certification to the NOAA/NMI via regular mail, 263 13th Avenue South, Suite 109, S jose.sanjurjo@noaa.gov.		
Under the provisions of the Paperwor Reduct in 1 at 0 13° (Political Course of the requested information is man atom for the urportised to ensure proper operation of the 1 wins unit. Confidentially of Order 216, 100. The public reporting burden for this collection of in	the information provided will be treated in accordant	579), you are advised that . The requested information is ce with NOAA Administrative

statement certifying compliance with the installation and activation checklist. The estimates of public reporting burden for this collections of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Written comments regarding the burden-hour estimate or other aspects of this collection-of-information requirement, or suggestions for reducing this burden should be sent to Adam Bailey, NMFS, Southeast Regional Office, 263 13th Avenue South, St.

Petersburg, FL 33701.