

FISHING VESSEL CCF APPLICATION

Date: _____

CCF Applicant Name: _____

Taxable Entity type: Individual C-Corporation S-Corporation Partnership

CCF application for the taxable year ending: (date) _____

TIN (Social Security or Employer Identification Number): _____

Estimated initial CCF deposit attributable to Schedule A vessel(s) from:

Fishing Income \$ _____ Sale/Insurance Proceeds \$ _____, Depreciation \$ _____

Name and Address of each CCF depository (bank, brokerage, etc.) to be used:

The following checked items are attached as a part of this application: (Note: *Required **See instructions)

___ *NOAA Form 88-14, Capital Construction Fund Agreement (2 signed forms)

___ *Completed Schedule A and Schedule B forms

___ **Evidence of ownership for all Schedule A eligible vessels to be a part of this CCF Agreement

___ **Evidence of lease for Schedule A vessel(s)

___ **Proof of U.S. citizenship (if Schedule A vessel leased, or 2 - 5 net tons)

___ **Evidence of debt for Schedule B vessel

___ *Federal tax return copies as filed with IRS for previous 2 years

___ **Signed and dated copy of IRS Automatic Extension notice, and copy of IRS approved Additional Extension Request, if applicable to this taxable year application

I hereby give permission to the administrators of my Capital Construction Fund Agreement to release and obtain any information about the CCF Agreement from the following representative:

Representative (Name, Firm, etc.) _____

Address: _____

Phone () _____ FAX Phone () _____ Email _____

Mail all CCF correspondence to: My Address ___ My Representative ___ Both ___

Applicant's Signature and Title _____

Address: _____

Phone () _____ FAX Phone () _____ Email _____

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 0648-0041. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1.5 hours 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 NOAA Fisheries, F/MB5, 1315 East West Hwy., Silver Spring, MD 20910, Attn: Richard VanGorder, and Richard.VanGorder@noaa.gov if desired.

Privacy Act Statement

Authority: The collection of this information is authorized by Title 45 U.S.C 1177 and 50 CFR Part 259. The data will primarily be used for the evaluation of eligibility in connection with application to establish a Capital Construction Fund Account. Establishment of the account will not be considered unless all requested information is furnished.

Purpose: In order to determine qualification for, and to administer, the Capital Construction Fund, the NOAA National Marine Fisheries Service (NMFS) requires financial information, vessel owner contact information, date of birth, Tax Identifying Number and vessel descriptive information.

Routine Uses: The Department will use this information to determine qualification for a Capital Construction Fund Agreement. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within the Financial Services Division, in order to coordinate monitoring of the Agreements. Disclosure of this information is also subject to all of the published routine uses as identified in [Commerce/NOAA-21](#), Financial Services Division.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of qualification for the program, and continued participation.