



**Section 4: TRANSSHIPED FISH**

**WEIGHT.** WW: whole weight, GG: gilled & gutted, GX: gutted, headed & tailed, GT: gilled, gutted & tailed, GO: gutted only, not gilled, FL: filleted, LO: loins

**GEAR.** PS: purse seines, DL drifting longlines, PL: poles and lines, HOVL: hand operated vertical lines (non-squid), DN: driftnets, TL: trolling lines, HP: harpoons, MVL: mechanized vertical lines (non-squid), OT: other type of gear

SPECIES	FR-Fresh FZ-Frozen DR-Dried	FORM OF PRODUCT (enter weight codes shown above)	QUANTITY TRANSSHIPPED		FISHING GEAR USED TO TAKE THE FISH (enter gear code as shown above)	GEOGRAPHIC LOCATION OF FISH CATCHES		
			NUMBER OF FISH	ESTIMATED WEIGHT AND UNIT OF MEASUREMENT		Ocean Area	Circle One: EEZ (Country of Capture) or HS (High Seas)	If EEZ, enter the country of capture
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	
							EEZ or HS	

**Section 5: CREW OR SUPPLIES FROM RECEIVING VESSEL**

Were any of the following provided by the receiving vessel to the offloading vessel?

Crew (enter number of persons): \_\_\_\_\_ Fuel (enter amount): \_\_\_\_\_ Supplies (enter type): \_\_\_\_\_

**Section 6: SIGNATURE**

I certify that the above information is complete and accurate to the best of my knowledge.

OWNER or OPERATOR NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Indicate if owner or operator of:  Offloading Vessel  Receiving Vessel

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Trade and Marine Stewardship Division, NMFS Office of International Affairs and Seafood Inspection, 1315 East-West Hwy (F/IS), Silver Spring, MD 20910. Information submitted to NMFS will be managed as confidential data consistent with the requirements of NOAA Administrative Order 216-100 and regulations under 50 CFR Part 300. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

## HIGH SEAS TRANSSHIPMENT DECLARATION FORM INSTRUCTIONS

**Complete this form for any transshipments taking place on the high seas where the use of the Pacific Transshipment Declaration Form is not required. Mail or fax the completed form to the Regional Administrator who issued the vessel's high seas fishing permit. The address and fax number can be found on your high seas fishing permit. Forms must be submitted within 15 days of the vessel entering port.**

**LOCATION OF TRANSSHIPMENT:** Enter the latitude and longitude in decimal form, to the nearest 0.1 degrees, at the start of the transshipment.

**DATE(S) OF TRANSSHIPMENT:** Enter the beginning and ending dates for the transshipment as MM/DD/YYYY to MM/DD/YYYY.

### Section 1: OFFLOADING VESSEL

Enter the name of the offloading vessel. Enter the offloading vessel's official number, which is the documentation number assigned by the U.S. Coast Guard (USCG) or the certificate number issued by a state for an undocumented vessel, or any equivalent number if the vessel is registered in a foreign nation.

Enter the full name of the offloading vessel operator. "Operator" means the master or other individual aboard and in charge of the vessel.

### Section 2: RECEIVING VESSEL

Enter the name of the receiving vessel. Enter the receiving vessel's official number, which is the documentation number assigned by the USCG or the certificate number issued by a state for an undocumented vessel, or any equivalent number if the vessel is registered in a foreign nation. Enter the full name of the receiving vessel operator. "Operator" means the master or other individual aboard and in charge of the vessel.

Enter the estimated quantity of fish product on board the receiving vessel prior to this transshipment, broken down by the area of capture of the product. Enter the unit of measurement for the amount (pounds (lb) or metric tons (mt)).

### Section 3: TRANSSHIPPED FISH

If a given species was in more than one condition (e.g., both fresh and frozen) or in more than one product form (e.g., some whole and some gutted and gilled), a separate entry must be made in each instance. If a given species was caught by different gear types, a separate entry must be made for each gear type.

For each entry, identify the processed state of the fish (FR for fresh, FZ for frozen, or DR for dried), the processed state of the product using the weight codes identified on the form, and the estimated weight of the product transshipped and the unit of measurement (pounds (lb), metric tons (mt), or

kilograms (kg)). Operators completing Section 7 of the form must use kg as the unit of measurement. For longline-caught fish, also enter the number of fish transshipped.

For each species transshipped, enter the fishing gear used to take the fish using the gear codes identified on the form. If the fishing gear is not included in the list, enter the code for "Other type(s) of gear" (OT) and specify the fishing gear.

For each entry, enter ocean area (North or South Atlantic, North or South Pacific, etc.) in which the product was caught. Circle EEZ if the product was caught in waters under national jurisdiction (of any nation). Circle HS if the product was caught on the high seas (in international waters). If EEZ is circled, specify the name of the country in whose waters the fish were captured.

Additional forms should be used to accommodate additional species and multiple entries of the same species.

### Section 4: CREW OR SUPPLIES FROM RECEIVING VESSEL

Enter information on any crew, fuel, or supplies provided to the offloading vessel.

### Section 5: SIGNATURE

The owner or operator of the vessel must print his or her name, sign it, and give the date of signature. Check one box to indicate whether you are the owner or operator of the OFFLOADING vessel or the owner or operator of the RECEIVING vessel.

### 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 0648-0304. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately one hour 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 voluntary/mandatory/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 National Marine Fisheries Service Name, Attn: Foreign Affairs Specialist Kent Laborde at [kent.laborde@noaa.gov](mailto:kent.laborde@noaa.gov).