OMB Control No. 0648-0663 Expiration Date: XX/XX/20XX

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| ***Pacific Coast Groundfish - Trawl C/P Coop Program*** |
| **Cost Recovery Form** |
|  |  |  | 2023 |  |  |
| **Fish Buyer's Name** |  |  |  |
| **Mailing Address** |  |  |  |
| **City** |  |  |  |
| **State** |  |  |  |
| **Zip** |  |  |
| **Phone Number** |  |  |
| **Permit Number** | **GF** |  |
| **Vessel Name** |  |  |
| **USCG Documentation****Number** |  |  |
| **Year of Harvest** |  |  |
| **FOR LANDINGS IN** | **Merchant Account** | **Fee Rate (%)** | **Weight (lbs)** | **Ex-vessel Value ($)** | **Fee Due ($) \*** |
| C/P Coop Program | XXXX-###XX | X.X |  |  |  |
| **Fee Adjustment** |  | By checking this box I certify that this payment is for a fee or price adjustment. |
| ***Instructions:*** |  |  |  |  |  |
| 1. Complete the fish buyer's name, address, telephone number, C/P-endorsed limited entry permit number, |
| vessel name, USCG documentation number, and year of harvest (20XX). Fish buyer is defined at 50 CFR 660.111. |
| 2. Record the weight, ex-vessel value, and fee due. The fee due equals the applicable fee rate multiplied |
| by the ex-vessel value of groundfish harvested for the year. Ex-vessel value is defined at 50 CFR 660.111. |
| 3. Note that deliveries must occur within the same year. Use a separate form for each year. |
| 4. Check the fee adjustment box if this payment is for a fee or price adjustment. |
| 5. Use Pay.gov to remit fee collected. |
| *\* NOTE: credit card payments are capped at $49,999.* |
| **PRA STATEMENT:** |  |  |  |  |  |
| The trawl cost recovery program is required by the Magnuson-Stevens Act [16 USC §§ 1853a(e), 1854(d)(2)]. This collection of information is mandatory as specified at 50 CFR660.115. This collection of information accompanies and documents payment of fees due for that program. Public reporting burden for this form is estimated to average 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 collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to NOAA/National Marine Fisheries Service, West Coast Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115. |
| 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. |
| **PRIVACY ACT STATEMENT:** |  |  |  |  |  |
| Responses to this form are confidential under section 402(b) of the Magnuson-Stevens Act. It is also confidential under NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. The information collected is part of a Privacy Act System of Records, COMMERCE/NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries. A notice was published in the Federal Register on April 17, 2008 (73 FR 20914) and became effective on June 11, 2008 (73 FR 33065). |