
	<h2 style="margin: 0;">Catcher/Processor Observer Partial Coverage Request</h2>	NOAA/National Marine Fisheries Service (NMFS) Alaska Region Sustainable fisheries Division (SF) P.O. Box 21668 Juneau, Alaska 99802-1668 Telephone: 1-(800) 304-4846 #3 toll free or (907) 586-7228 FAX: (907) 586-7465	
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

**This request must be filed annually before July 1 of the year prior to fishing activity.**

**Notice:** NMFS will provide written notification of request approval or denial. If approved, you will receive instructions and necessary information to log trips in the Observer Declare and Deploy System (ODDS).

<b>REQUEST ACKNOWLEDGEMENT</b>		
1. By marking this box, I verify that the vessel named in <b>Block B</b> is eligible to be placed in the observer partial coverage category as described at 50 CFR part 679.51; and I request this vessel be placed in the partial coverage category for the fishing year indicated in Box 2.	2. Fishing Year:	
<b>BLOCK A -- OWNER INFORMATION</b>		
1. Owner Name:	2. Company Name ( <i>if any</i> ):	
3. Business Mailing Address:		
4. Business Telephone Number:	5. Business Fax Number:	6. Business E-Mail Address:
<b>BLOCK B -- VESSEL INFORMATION</b>		
1. Vessel Name:	2. Federal Fisheries Permit Number:	
<b>BLOCK C – APPLICANT CERTIFICATION</b>		
<i>Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.</i>		
1. Applicant Name ( <i>please print or type</i> ) If representative, <b>attach authorization</b>		
2. Signature:	3. Date:	

<b>For Administrative use only:</b>		
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____	Date Received _____ Date Notified _____ Same as previous year Y / N	Notes:

**Instructions**  
**CATCHER/PROCESSOR**  
**OBSERVER PARTIAL COVERAGE REQUEST**

NMFS will place a catcher/processor in the partial observer coverage category if the vessel owner requests placement by the annual deadline specified and the vessel meets the production threshold of 79,000 lb (35.8 mt) of average weekly groundfish production (excluding groundfish caught with trawl gear).

Complete this form only if you are requesting to have your vessel placed in the partial coverage category for all fishing activity, excluding participation in a Limited Access Privilege Program that requires additional observer coverage as described at 50 CFR part 679.51(a)(2)(iv).

This form is available through the Internet on the NMFS Alaska Region website at <https://www.fisheries.noaa.gov/alaska/fisheries-observers/north-pacific-observer-program>.

Type or print legibly in ink; retain a copy of completed application for your records.

When application is complete,

Mail to: NMFS Alaska Region  
Sustainable Fisheries Division  
P.O. Box 21668  
Juneau, AK 99802-1668

Fax to: (907) 586-7465

If you need additional information, contact Sustainable Fisheries Division at 1-(800) 304-4846, #3 toll free, or (907) 586-7228.

Please allow at least 10 working days for your application to be processed. Items will be sent by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or corporate account number for express delivery.

***COMPLETING THE REQUEST***

**REQUEST ACKNOWLEDGEMENT**

1. Check the box to indicate that you request your vessel be placed in the partial coverage category for observer coverage for fishing activity that occurs in year indicated in box 2.
2. Enter the four digit year in which you would like your vessel to conduct fishing activity in the partial coverage category.

**BLOCK A — OWNER INFORMATION**

1. Name. Enter the full name(s) of the owner(s) of the vessel listed in Block B.  
**Note:** If there is more than one owner, list the principal owner first.
2. Company Name. Enter the name of the company, other than the owner, that manages the operations of the vessel (if any).
3. Business Mailing Address. Enter your complete permanent business mailing address, including street or P.O. box, city, state, and zip code. Notification that your vessel has been placed in the partial coverage category will be sent to this address, unless otherwise notified.

4-6. Telephone Number, Fax Number, and e-mail Address.

For telephone and/or fax numbers, include the area code.

Enter contact information where you can be reached. It is very important that you provide a number where we can contact you, or where we can leave a message for you. If questions arise concerning your application, and we are unable to contact you, the placement of your vessel in the partial coverage category will be delayed.

**BLOCK B — VESSEL INFORMATION**

1. Vessel Name. Enter the complete vessel name as displayed in the official documentation.
2. Federal Fisheries Permit Number. Enter the vessel's current FFP number.

**BLOCK C — APPLICANT CERTIFICATION**

The owner or authorized representative must print name, sign, and date the application certifying that all information is true, correct, and complete to the best of his or her knowledge and belief. The application will be considered incomplete without this signature. If authorized representative, **attach** authorization.

---

***PUBLIC REPORTING BURDEN STATEMENT***

Public reporting burden for this collection of information is estimated to average 30 minutes per paper response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802-1668.

***ADDITIONAL INFORMATION***

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject 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; 2) This information is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) as amended by Public Law 109-479; 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

---

***PRIVACY ACT STATEMENT***

**AUTHORITY:** The collection of this information is authorized under the Magnuson Stevens Fishery Conservation and Management Act, 16 U.S.C. 1801 *et seq.*

**PURPOSE:** NMFS uses information submitted in this form to determine which catcher/processor vessels will be placed in the partial coverage category for the upcoming fishing year. This information is necessary for the Agency's analysis and observer deployment planning process.

**ROUTINE USES:** This information is used for analytical and compliance purposes and is not disclosed to the public.

**DISCLOSURE:** Providing information in this form is required for a small catcher/processor to be placed in the partial coverage category of the North Pacific Observer Program. Requesting placement in the partial coverage category is voluntary, and a catcher/processor would remain in the full coverage category if this request is not submitted.

---

**Accessibility of this Document:** Every effort has been made to make this document accessible to individuals of all abilities and compliant with Section 508 of the Rehabilitation Act. The complexity of this document may make access difficult for some. If you encounter information that you cannot access or use, please email us at [Alaska.webmaster@noaa.gov](mailto:Alaska.webmaster@noaa.gov) or call us at 907-586-7228 so that we may assist you.