

Qualifications for Public Display Permits

Instructions: Please submit the following qualifications information with your permit application. See an example completed form on our [website](#).

Persons authorized as the **Principal Investigator** (PI; individual overseeing the take or import), **Co-Investigators** (CI; team leads for either take or import), and **Veterinarians** must demonstrate qualifications commensurate with their duties. **If sufficient experience is not provided, personnel will not be authorized to conduct the proposed activities.**

1. Contact Information

All documentation submitted will be publicly available. **DO NOT** include personal information (e.g., social security number, date of birth, or home phone).

Name (first, middle initial, last):

Title:

Affiliation:

Business e-mail address:

Business phone number:

2. Table 1. Relevant Education

Degree	Major/Field of Study	Institution and Location	Year Received

3. Relevant Experience

A. Table 2. Relevant Professional History

Job Title	Role	Affiliation	Location (City, State, Country)	Dates (MM/YY- MM/YY)

B. Summary of Experience

Please choose Option 1 (Table) **OR** Option 2 (Biosketch). Delete the option not used.

Option 1- TABLE. In the table below:

1. List **all procedures** that you are requesting to perform **under any NMFS permit**. See Appendix 1 for a list of commonly used procedures (e.g., transport, restrain, capture).

Do not include procedures for which you have no experience, training or education. Note you may update your Qualifications Form at any time. Only combine procedures in the same row for which you have the same experience metrics.

2. Experience Metrics for each procedure:

- a) To the best of your ability, estimate the number of animals, how long you have been performing the procedure(s) (e.g., hours/months/years), by species and age class.
- b) Most recent year performed.
- c) Select the level of experience:
 - Level 1:** I have received education/training in performing this procedure, but have **not successfully performed** the procedure.
 - Level 2:** I have performed this procedure while **under supervision or training** of an expert (e.g., PI, CI, or veterinarian).
 - Level 3:** I have performed this procedure **without supervision** by a PI/CI.
 - Level 4:** I am considered an **expert** in performing this procedure, and I have **supervised or trained** others in performing this procedure.

Table 3. Summary of Experience.

Procedures	Experience Metrics: Estimated Number of Animals, Hours/Months/Years, Species, and Age Class	Most Recent Year Performed	Level of Experience

Option 2- BIOSKETCH

Provide a biosketch describing your experience with **all procedures** that you are requesting to perform **under any NMFS permit**. See Appendix 1 for complete list (e.g., transport, restrain, capture). To the best of your ability, include experience metrics to **estimate the number of animals by species and age class and how long you have been performing the procedure (e.g., months/years, total number of transports)**.

Avoid vague phrases such as “*assisted with,*” or “*participated in,*” which qualify only as Level 1 experience and will not adequately demonstrate your experience performing the procedure if you have Level 2 experience or above. You may use the Level 1-4 categories described in Option 1 to supplement the descriptions of your experience.

4. Relevant Training, Certificates, or Licenses

Include additional information to support your qualifications including **specialized training** (e.g., biopsy sampling, UAS) and **certificates or licenses** (e.g., diver certification, Federal Aviation Administration certification) received **relevant to the procedures in Table 3 or your Biosketch**. For training, include description of training, year(s) received, and institution or expert who trained you. For certificates or licenses, include year received and expiration date. For UAS pilots, include your total flight hours.

5. Relevant Reports, Publications, or Presentations (Optional; 2 page maximum)

List reports, publications, or presentations **to support your qualifications** as described above.

Appendix 1. Take table procedures, by taxa.

Cetaceans	Pinnipeds
Capture	Administer drug (IM, IV, IP, subcutaneous, topical)
Captive (maintain or research)	Anesthesia (injectable sedative or gas [cone, mask, intubation])
Collect, sloughed skin	Captive, maintain
Count/survey	Capture
Imaging, thermal	Collect (molt, scat, spew, urine)
Lavage	Measure and weigh
Measure and weigh	Observation, (mark resight, monitoring, or behavioral)
Measure colonic temperature	Other
Observation, behavior or monitoring	Photograph/Video and Photo-Identification
Other	Photogrammetry
Photograph/Video and Photo-Identification	Remote vehicle, aerial (VTOL or fixed wing)
Photogrammetry	Remote vehicle, amphibious or vessel
Remote vehicle, vessel or amphibious	Restrain (board, cage, hand, or net)
Remote vehicle, aerial (VTOL or fixed wing)	Sample, blood
Restrain	Sample, biopsy (blubber, skin, or muscle)
Sample, swab (anal, blowhole, oral, or vaginal)	Sample (nail, hair, or vibrissae)
Sample, blood	Sample, swab (anal, nasal, ocular, oral, fecal, or mucus membranes)
Sample, biopsy (skin, blubber, or muscle)	Sample (milk, fecal [enema or loop], urine, or stomach)
Sample, exhaled air	Transport
Sample, biological (milk, urine, fecal, or sperm)	Ultrasound
Transport	Underwater photo/videography
Ultrasound	
Underwater photo/videography	

Applicable Laws

This information is required to accompany the Marine Mammal Protection Act (MMPA) Section 104 public display permit application and is used to determine whether individuals conducting activities proposed under the requested permit possess qualifications commensurate with their duties and responsibilities identified in the application (50 CFR §216.35).

All permit documentation, including the application, qualifications, permit, amendments, inventory information, reports, and any other associated documents are considered public information and as such, are subject to the Freedom of Information Act.

Paperwork Reduction Act 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 0648-0084. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 50 hours per response (i.e., permit application including qualifications), 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 a permit pursuant to the MMPA and National Environmental Policy Act, and their implementing regulations. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Chief, Permits and Conservation Division, Office of Protected Resources, F/PR1, NOAA/National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910; email nmfs.pr1.apps@noaa.gov.