

### Shrimp - Observer FAX Notification Form

**This form is provided for your response.** Please complete and return this form at least 48 hours prior to your estimated departure. The information can be **mailed to: NOAA/NMFS, Galveston Laboratory, 4700 Avenue U, Galveston, TX 77551 or Faxed to (409-766-3489); ATTN: MIKE HARRELSON, PAT CRYER, ELLEN SIKES, KAYLA CHAPMAN and/or JASON WILLIAMS.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and gear used (include contact number).

Captain's Name: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Documentation/Vessel Number: \_\_\_\_\_ Overall Length: \_\_\_\_\_ (ft)

Crew Size: \_\_\_\_\_ (include skipper) Bunk Capacity: \_\_\_\_\_ Life Raft Capacity: \_\_\_\_\_

Contact Person/Telephone Number(s): \_\_\_\_\_

Communication Equipment (please list)	Commercial Fishing Vessel Safety Examination Decal
Cellular / SAT phone:	Serial Number:
VHF:	Date of issuance
Single Side Band:	_____/_____ Month      Year
Call sign:	

**Vessel Fishing Status:**

**Port of Departure:**

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Departure Date: \_\_/\_\_/\_\_ Time: \_\_:\_\_ (AM or PM) Anticipated Landing Date: \_\_/\_\_/\_\_

**Expected Landing Port:** (if different from port of departure)

Dock Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

**Primary Language:** (if other than English) \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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