



Instructions for the Federal Permit Application for Vessels Fishing in the Colombian Treaty Waters

Rev 01/04/2024

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at <https://www.fisheries.noaa.gov/permits-and-forms>.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

What Sections do I complete?

Complete all applicable sections of this form. All application fields should be typed or printed in ink. Specifically,

- All applicants must fill out Section 1, and Section 2 and/or Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- If the vessel is owned by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that own the vessel.
- If the vessel is leased by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that lease the vessel.
- If the vessel is owned or leased by a business, provide information about all individuals that are owners and/or officers of businesses listed in Section 4, Section 5b, and/or Section 6.
Complete Section 8 if the any owners of the businesses listed in Section 4, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
- All applicants must fill out Section 9.

What is the fee?

There is no fee for a Colombian Treaty Water permit

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Arrival and departure reports. The operator of each vessel of the United States for which a certificate and permit have been issued under §300.123 must report by radio to the Port Captain, San Andres Island, voice radio call sign "Capitania de San Andres," the vessel's arrival in and departure from treaty waters. Radio reports must be made on 8222.0 kHz or 8276.5 kHz between 8:00 a.m. and 12 noon, local time (1300-1700, Greenwich mean time) Monday through Friday.
- Catch and effort reports. Each vessel of the United States must report its catch and effort on each trip into treaty waters to the Science and Research Director on a form available from the Science and Research Director. These forms must be submitted to the Science and Research Director so as to be received no later than 7 days after the end of each fishing trip.

What supporting documentation do I need?

- Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.
- Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.



APPLICATION SECTION 1 – Vessel Information

Complete all portions of Section 1.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.



APPLICATION SECTION 2 Vessel intentions

Provide the following information. Attach additional documentation if necessary:

- Principal port of landing for fish to be taken from the Colombian Treaty Waters
- Primary species of fish to be taken from the Colombian Treaty Waters
- Primary gear to be used in to be taken from the Colombian Treaty Waters



APPLICATION SECTION 3 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, complete Section 4 for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy **Section 3** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, email address, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- An Email address is required in order to approve and issue permits.



APPLICATION SECTION 4 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 4a for a single business owner. Also fill out Section 4b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, email address, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- An Email address is required in order to approve and issue permits.



APPLICATION SECTION 5 – LEASE Information

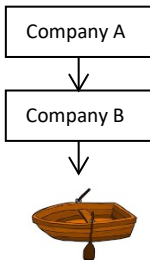
If the vessel is leased by one or more individuals, fill out section **5A**. Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee’s full name, Individual Tax ID number (SSN), date of birth, phone number, email address, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- An Email address is required in order to approve and issue permits.
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business’s full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, email address, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- An Email address is required in order to approve and issue permits.
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business’s full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note: this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel’s USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 4 and Company B in section 6.



APPLICATION SECTION 7 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 4a, 4b, 5b, or 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- If a business listed in Section 4a, 4b, 5b, or 6 has owners that individually own less than 1% of the business, provide the total percentage of ownership which is individually held by owners who own less than 1% in section 7c.

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 7 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 8 – Small Business or Organization Certification

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.



APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION

If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

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 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 50 minutes 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 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: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

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.), the High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific

Privacy Act Statement (continued) Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. The authority for the mandatory collection of the Tax Identification Number (TIN) is 31 U.S.C. 7701.

Purpose: In order to manage U.S. fisheries, the National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable state or regional marine fisheries commissions and international organizations. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of other uses. Responses to this collection are required to obtain or retain a fisheries permit under the Magnuson - Stevens Act. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. 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.

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U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)
 727-824-5326 (9:00 a.m. - 4:00 p.m. ET)
<https://www.fisheries.noaa.gov/permits-and-forms>



OMB No. 0648-0205 Form Approval Expires: 01/31/2024

FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Sanction Case Number IF Sanctioned	
Expiration Date	

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation. Do not send the original.

SECTION 1 - VESSEL INFORMATION

USCG Documentation Number	Year Built	Length (ft)	Total Horsepower
Vessel Name	Name of Company That Built the Vessel		
Hull Color	Superstructure Color	Crew Size-Including the Captain	Do you have sails? <input type="checkbox"/> YES <input type="checkbox"/> NO
International Radio Call Sign	ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?		
Hull Identification or IMO Number	Hull Material <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER (DESCRIBE)	Fuel Data <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER (DESCRIBE) Fuel Capacity - Total Gallons <input style="width: 50px;" type="text"/>	Product Storage (check all that apply) <input type="checkbox"/> ON ICE IN HOLD FISH BOX, ICE CHEST, COOLER, ETC <input type="checkbox"/> FREEZER <input type="checkbox"/> LIVE WELL
Hailing Port City	Hailing Port County Or Parish		
Hailing Port State	Hailing Port State		
Gross Tons	Net Tons		

SECTION 2 - VESSEL INTENTIONS

Principal Port Of Landing Of Fish To Be Taken From Colombian Treaty Waters

Primary Species Of Fish To Be Taken From Colombian Treaty Waters

Primary Gear To Be Used In Colombian Treaty Waters

SECTION 2 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Section 4a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. **Select only ONE mailing recipient.**

MAILING RECIPIENT - By Default, All mail about this permit will go to the individual listed in Section this Section unless the vessel is leased.

REQUIRED INFORMATION - Permits cannot be issued without this information.

Is this individual a United States Citizen or permanent resident alien? YES NO

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEMOGRAPHIC INFORMATION: NMFS is committed to monitoring its review and issuance processes to identify and address any inequities based on the sex, race, or ethnicity of its permit applicants. The applicant(s) should submit the requested demographic information for each owner or officer listed on the permit application to gather information needed for this important task. Submission of the requested information is voluntary. Demographic data will not be used to determine whether to issue a permit.

What is this individual's Sex? Male Female

What is this individual's race or ethnicity? Mark all that apply

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	

If there are additional individual vessel owners listed on the vessel's USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

SECTION 3 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. **NOTE—MAILING RECIPIENT** - By default, All mail about this permit will go to the business listed in Section 5a unless the vessel is leased.

REQUIRED INFORMATION - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

COMPLETE Registered Name of Business			State where the Business is originally registered			
<input type="text"/>			<input type="text"/>			
Federal Employer Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email Address <input type="text"/>						
Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if the Physical Address is the same as the mailing address.						
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

REQUIRED INFORMATION - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

COMPLETE Registered Name of Business			State where the Business is originally registered			
<input type="text"/>			<input type="text"/>			
Federal Employer Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email Address <input type="text"/>						
Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if the Physical Address is the same as the mailing address.						
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional Business vessel owners listed on the vessel’s USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

SECTION 4A – LEASE INFORMATION—INDIVIDUAL OR JOINT INDIVIDUAL LESSEE

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

MAILING RECIPIENT - Because the vessel is leased to an individual, all mail about this permit will go to the individual listed in this section.

Lease start date: Lease end date:

REQUIRED INFORMATION - Permits cannot be issued without this information.

Is this individual a United States Citizen or permanent resident alien? YES NO

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEMOGRAPHIC INFORMATION: NMFS is committed to monitoring its review and issuance processes to identify and address any inequities based on the sex, race, or ethnicity of its permit applicants. The applicant(s) should submit the requested demographic information for each owner or officer listed on the permit application to gather information needed for this important task. Submission of the requested information is voluntary. Demographic data will not be used to determine whether to issue a permit.

What is this individual's Sex? Male Female

What is this individual's race or ethnicity? Mark all that apply

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	

If there are additional individual vessel lessees, copy this page and provide the information for each additional vessel lessee.

A note about leasing vessels—If the vessel owner already has permits issued by our office assigned to this vessel and leases the vessel to a different permit holder to assign a one or more different permits to the vessel, those permits held by the vessel owner WILL NOT BE VALID for fishing.

SECTION 4B – LEASE INFORMATION—BUSINESS LESSEE

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

MAILING RECIPIENT - Because the vessel is leased to a business, all mail about this permit will go to the Business listed in this section.

Lease start date: Lease end date:

REQUIRED INFORMATION - Permits cannot be issued without this information.

Type of business: S Corporation Cooperative Other _____ C Corporation Limited Liability Co. Partnership

Was this Business properly established by the laws of the United States or any state of the United States? YES NO

COMPLETE Registered Name of Business State where the Business is originally registered

Federal Employer Tax ID Number (FEIN) Date Business Formed (MM/DD/YYYY) Area Code Phone Number

Email Address

Mailing Address Apt # City State County/Parish Zip Code Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code Country

A note about leasing vessels—If the vessel owner already has permits issued by our office assigned to this vessel and leases the vessel to a different permit holder to assign a one or more different permits to the vessel, those permits held by the vessel owner WILL NOT BE VALID for fishing.

SECTION 5 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and/or 6b. Copy this section as needed.

REQUIRED INFORMATION - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUIRED INFORMATION - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

Registered Name of Business

Federal Employer Tax ID Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The officers and/or shareholders for each business must be provided by completing section 8 of this application.

SECTION 6 - BUSINESS OFFICERS AND BUSINESS OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 5a, 5b, 6b, and 7.

REQUIRED INFORMATION - Permits cannot be issued without this information.

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO
 Vice President
 Secretary
 Treasurer
 Director/ Manager
 Shareholder
 Other

Percent of Business Owned:

Is this individual a United States Citizen or permanent resident alien?

YES
 NO

Last Name

First Name

Middle Name

Suffix - Jr, Sr, etc.

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)

Date of Birth (MM/DD/YYYY)

Area Code

Phone Number

Email Address

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country

Check box if the Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country

DEMOGRAPHIC INFORMATION: NMFS is committed to monitoring its review and issuance processes to identify and address any inequities based on the sex, race, or ethnicity of its permit applicants. The applicant(s) should submit the requested demographic information for each owner or officer listed on the permit application to gather information needed for this important task. Submission of the requested information is voluntary. Demographic data will not be used to determine whether to issue a permit.

What is this individual's Sex?

Male
 Female

What is this individual's race or ethnicity? Mark all that apply

White
 Black or African American
 Native Hawaiian or Pacific Islander
 Hispanic or Latino
 American Indian or Alaska Native
 Other _____
 Asian
 Middle Eastern or North African

SECTION 7 - OWNER INFORMATION FOR UNNAMED MINOR SHAREHOLDERS OF BUSINESSES

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor owners.

The total percentage of ownership of the business MUST equal 100%. If there are additional officers and /or shareholders, copy this page and provide the information for each additional officer/shareholder.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

ALL applicants must complete this section

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

Information needed to complete this section: Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

How to fill out the form: Start with Box 1. If the answer to the question in Box 1 is "Yes," check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.

<p>Box 1. Is the business primarily involved in harvesting seafood (commercial fishing)?</p> <p>Yes No</p> <p><u>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 2 below.</u></p>	<p>1A) Was the business active prior to this year?</p> <p>Yes No</p> <p><u>If yes, go to question 1B. If no, you are done. Go to Section 13 of the</u></p>	<p>1B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$11 million in gross receipts in that year? Yes No</p> <p><u>You are done. Go to Section 13 of the</u></p>
↓		
<p>Box 2. Is the business primarily involved in for-hire fishing services (charter, party/headboat)?</p> <p>Yes No</p> <p><u>If the answer is yes, go to question 2A to the right. Otherwise, go to Question 3 below.</u></p>	<p>2A) Was the business active prior to this year?</p> <p>Yes No</p> <p><u>If yes, go to question 2B. If no, you are done. Go to Section 13 of the application.</u></p>	<p>2B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$14 million in gross receipts in that year? Yes No</p> <p><u>You are done. Go to Section 13 of the application.</u></p>
↓		
<p>Box 3. Is the business primarily involved in buying and selling seafood (seafood dealer/wholesaler)?</p> <p>Yes No</p> <p><u>If the answer is yes, go to question 3A to the right. Otherwise, go to Question 4 below.</u></p>	<p>3A) Was the business active prior to this year?</p> <p>Yes No</p> <p><u>If yes, go to question 3B. If no, you are done. Go to Section 13 of the application.</u></p>	<p>3B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 100 employees? Yes No</p> <p><u>You are done. Go to Section 13 of the application.</u></p>
↓		
<p>Box 4. Is the business primarily involved in processing seafood (seafood processor)?</p> <p>Yes No</p> <p><u>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 5 on the next page.</u></p>	<p>4A) Was the business active prior to this year?</p> <p>Yes No</p> <p><u>If yes, go to question 4B. If no, you are done. Go to Section 13 of the application.</u></p>	<p>4B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 750 employees? Yes No</p> <p><u>You are done. Go to Section 13 of the application.</u></p>

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SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION
(Continued from previous page)

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes No

If the answer is yes, go to question 5A to the right. Otherwise, go to Question 6 below.

5A) Was the organization active prior to this year?

Yes No

If yes, go to question 5B. If no, you are done. Go to Section 13 of the application.

5B) What was the most recent year the organization was active prior to this year?

Did the organization have more than \$15 Million in gross receipts? Yes No

You are done. Go to Section 13 of the application.



If you are here, you have answered NO to Questions 1 thru 5. If you answered one of those questions YES, return to that question and finish there.

6)

The business or organization must be primarily involved in another industry not related to fishing or seafood. Refer to SBA's list of North American Industry Classification System (NAICS) codes (see <https://www.sba.gov/document/support--table-size-standards>) and enter the NAICS code for your primary activity here:

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large

Small

Year:

You are done. Go to Section 13 of the application.

SECTION 9 - SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 6a, or an officer or shareholder of the lessee as listed in Section 7b, with that individuals information listed in section 8. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 8.

Applicant Signature

Date

(Vessel Owner from Section 4,

Company Officer Shareholder from Section 8,

OR Lessee From Section 6)

Print Name

Position in Business (Officer or Shareholder