

IMPORTANT UPDATES AND INFORMATION – PLEASE READ!

➤ As of May 2, 2022, there is no longer a requirement to have an operator permit for the following permits:

- ATLANTIC DOLPHIN/WAHOO (ADW)
- ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)

If you are downloading this application to request an operator permit for the ATLANTIC DOLPHIN/WAHOO (ADW) or ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW) you don't need to.

The operator permit is still required for South Atlantic Rock Shrimp permits.



Instructions for the Federal Permit Application for Southeast Region Issued Operator Card

Rev 12/28/2023

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office 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:

South Atlantic Rock Shrimp permits are not valid when underway for fishing in the Atlantic EEZ unless the operator or a crew member on board the vessel holds a valid Operator Card.

As of September 1, 2021, you should now submit applications for Operator Permit Cards on line. You can submit and view your application, resolve any deficiencies, and even download for printing your open access permits. It is fast and easy, and in many cases you can submit your required information, documents, and application fees in minutes.

PLEASE NOTE: Any user name or account created BEFORE 09/01/2021 is no longer valid. Only accounts created on or after 09/01/2021 will be allowed access to the new SERO On-Line Permitting System.

Beginning 02/01/2022 – the permits office NO LONGER accepts checks or money orders as payment for application fees. You are REQUIRED to make your payments through your on line account.

Beginning 02/01/2022 – The permits office no longer has an operational Fax Machine or Fax Line and will not be accepting supporting documents by fax. Supporting documents will only be accepted through your on line account or via mail, attention to your on-line application ID number.

To create a new account or sign into your existing account that was created after 09/01/2021, go to: go.usa.gov/xF7Cu

IF you choose to mail a paper application to our office, your application will be scanned and converted to a digital version and processed as an on-line application. Please be aware, you are still required to have an on-line account to complete your application payment. If you mail your application, you may only make your payment through your on line account after your paper application is converted, processed and found to have no payment and a deficiency email sent to you. If you mail payment with a paper application, it will be returned to you.

What Sections do I complete?

All applicants must fill out Section 1, and Section 2. All fields should be typed or printed in ink

What is the fee?

The application fee is **\$50** and is non-refundable. There is an \$18 fee to replace a lost Operator Card.

What supporting documentation do I need?

- Photograph:** Provide 1 passport style photograph of the applicant's head and neck. The photograph must be:
- In color with a plain, light colored background.
 - Printed on photo quality paper.
 - 2 x 2 inches (51 x 51 mm) in size. Digital uploads must be square and at least 250 pixels by 250 pixels.
 - The applicant's face and neck must be in CLEAR focus and visible in the photograph.
 - Taken within the last 6 months to reflect your current appearance



APPLICATION SECTION 1 – OPERATOR INFORMATION.

- Provide the operator’s full name, 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 an Operator Card.
- Provide the REQUIRED email address, When complete, you will receive notification to sign into your on-line fisheries account in order to download and print your operator card.
- Provide the applicant’s place of birth.
- Provide the applicant’s current height, weight, eye color, and hair color.
- Provide the applicant’s demographic information.



APPLICATION SECTION 2 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 2.

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 30 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 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.

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>



FEDERAL APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY - DATE RECEIVED

SECTION 1 - VESSEL OPERATOR (CARD OWNER) PERSONAL INFORMATION

Are you a United States Citizen or permanent resident alien? YES NO

Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
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Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Area Code	Phone Number
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Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
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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
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Email Address - REQUIRED

Birth Place (City, State, Country)	Weight (lbs)	Height (ft & in)
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<p>Eye Color</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Brown</td> <td style="width: 50%;"><input type="checkbox"/> Green</td> </tr> <tr> <td><input type="checkbox"/> Blue</td> <td><input type="checkbox"/> Hazel</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey	<input type="checkbox"/> Other	<p>Hair Color</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Brown</td> <td style="width: 50%;"><input type="checkbox"/> Blonde</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Red</td> </tr> <tr> <td><input type="checkbox"/> Grey</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td></td> </tr> </table>	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde	<input type="checkbox"/> Black	<input type="checkbox"/> Red	<input type="checkbox"/> Grey	<input type="checkbox"/> Other	<input type="checkbox"/> White	
<input type="checkbox"/> Brown	<input type="checkbox"/> Green														
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<input type="checkbox"/> Black	<input type="checkbox"/> Red														
<input type="checkbox"/> Grey	<input type="checkbox"/> Other														
<input type="checkbox"/> White															

If you are clean shaven or balding, indicate your actual hair color.

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	

SECTION 2 - SIGNATURE - REQUIRED

Applicant Signature	Print Name	Date
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