

# Apply for a New Permit

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(go back to landing page to click on that account)

Private Recreational Tilefish | Vessel Permit Renewal ▾ | Initial Vessel Permit ▾ | Vessel Operator Permit | Letter of Authorization | Gillnet Forms | Research Permit | Initial Dealer Permit | My Forms

Current User: Aimee Ahles

Enter a client id / name

If you have questions, please call the GARFO Permits Office at [978-282-8438](tel:978-282-8438) or email us at [nmfs.gar.permits@noaa.gov](mailto:nmfs.gar.permits@noaa.gov).

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## Initial Dealer Permit

### Section 1 - Dealer Information

**Business Structure: \***

-Select- ▾

**Company Name:**

**Owner Last Name: \***

**Owner First Name: \***

**Owner Middle Name:**

**Suffix:**

-Select- ▾

**Telephone Number: \***

**Fax Number:**

**Email Address: \***

*E.g. johnSmith@gmail.com*

**Primary Contact Name: \***

*i.e., who should receive business mail*

### Mailing Address

**Address Line 1: \***

*E.g. 141 Main St.*

**Address Line 2:**

*E.g. Po Box 121*

**City: \***

**State: \***

-Select- ▾

**Zip Code + 4: \***

*e.g., 01887*

*e.g., 1224*

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

### Physical Address (PO Box not acceptable)

**Address Line 1: \***

*E.g. 141 Main St.*

**Address Line 2:**

*E.g. Po Box 121*

**City: \***

**State: \***

-Select- ▾

**Zip Code + 4: \***

Primary Contact Telephone Number: \*

Zip Code #4.

e.g., 1224

## Section 2 - Additional Work Addresses

If you purchase or receive regulated species for commercial purposes at more than one place of business, enter each address:

Add an Address

## Section 3 - Fisheries

Select all fisheries you want to apply for:

- Atlantic bluefin tuna
- Other Atlantic Tunas  
(Yellowfin, Bigeye, Skipjack, Albacore)
- Surfclam/Ocean quahog - Dealer
- Surfclam/Ocean quahog - Processor
- Summer flounder
- Atlantic sea scallop
- Atlantic Hagfish
- Northeast multispecies

- American lobster
- Skate
- Atlantic mackerel at sea processor
- Squid, Atlantic mackerel, butterfish
- Atlantic herring - Dealer
- Atlantic herring At Sea Processor
- Atlantic herring At Sea Dealer
- Scup

- Black sea bass
- Monkfish
- Atlantic bluefish
- Spiny Dogfish
- Tilefish
- Atlantic Deepsea Red Crab
- Jonah Crab

If you are applying for an Atlantic Mackerel At Sea Processor permit or an Atlantic Herring At Sea Processor permit, you must enter a vessel name and hull number below and upload a copy of the vessel's current Coast Guard Documentation or State Registration.

Vessel Name:

Vessel Hull Number:

## Section 4 - Additional Owners

All persons who have an ownership interest in the business must be listed below. Do not include employees of the business unless they are also an owner or shareholder.

Add an Owner

If you are applying for an Atlantic Mackerel At Sea Processor permit or an Atlantic Herring At Sea Processor permit, you must enter a vessel name and hull number below and upload a copy of the vessel's current Coast Guard Documentation or State Registration.

Vessel Name:

Vessel Hull Number:

## Section 4 - Additional Owners

All persons who have an ownership interest in the business must be listed below. Do not include employees of the business unless they are also an owner or shareholder.

[Add an Owner](#)

## Section 5 - Upload Business Documents

All corporations, LLCs, and partnerships must upload business documents, i.e., Certificate of Incorporation, Articles of Organization, and partnership papers. Your application cannot be processed without this documentation.

Did you provide a copy of your business documents? You will not be able to submit your application until you do so. \*

Yes  No

Please save your application before uploading any documents.

[Save](#)

Upload supporting documents.

[Upload](#)

*When you save this document, your documents and uploads will be displayed.*

## Section 6 - Signature

I, the undersigned, am the owner or legally authorized agent of the owner of the vessel named above. I certify that the information I am providing is true, complete and correct to the best of my knowledge, and made in good faith. I understand that failure to report completely and accurately, or submitting false information may result in criminal or civil penalties. \*

Full Name and title: \*

On Behalf of:

*i.e., Company or Fishing Vessel*

Use the submit button below to send your application to us.

OMB Control No. 0648-0202 Expires: 10/31/2022

[Submit](#)

[Save](#)

[Print](#)

[Cancel](#)

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## Gillnet Forms

Federal Permit Number (if you have one):

## Vessel Information

Vessel Name: \*

Document Type and Number: \*

Coast Guard  State Registration

## Owner Information

Last Name: \*

First Name: \*

Middle Name:

Suffix:

Telephone Number: \*

Alternate Telephone Number:

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code + 4: \*

Email Address: \*

Telephone Number: \*

Alternate Telephone Number:

Zip Code + 4: \*

Email Address: \*

## Gillnet Fishing Categories

If your vessel is a day boat and you fish with gillnets in the Northeast multispecies or monkfish fisheries, you must tag your gear. To fish with gillnets in these fisheries, you must have a multispecies category A, E, or F or a monkfish category C, D, F, G or H designation.

Which gillnet category do you fish in? (select one) \*

If you are unsure, contact our Sustainable Fisheries Division at 978-281-9315. If you have only a limited access monkfish permit, this section does not apply.

Trip Gillnet Category  Day Gillnet Category  Monkfish Only

## What would you like to do? \*

Annual Certificate  Replacement tags  Buy new or additional tags

## Signature

I, the undersigned, am the owner or legally authorized agent of the owner of the vessel named above. I certify that the information I am providing is true, complete and correct to the best of my knowledge, and made in good faith. I understand that failure to report completely and accurately, or submitting false information may result in criminal or civil penalties. \*

Full Name and title: \*

On Behalf of:

Send completed form and payment to:

NMFS Permit Office, Gillnet Program, 55 Great Republic Drive, Gloucester, MA 01930-2276

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## Initial Permit Application

Fill out this form for any of the following scenarios:

- (1) you are a new owner of a vessel that has had permits with us in the past, **or**;
- (2) you are an owner of a new vessel that has never been permitted in our region, **or**;
- (3) you are transferring your limited access permits from one vessel to another.

## Section 1 - Primary Vessel Owner Information

(Primary Owner is automatically considered a vessel shareholder. Owner name must match the name on your Coast Guard Documentation or State Registration.)

Is the primary owner a business or person?

Person  Business

Last Name: \*

First Name: \*

Middle Name:

Suffix:

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Telephone Number: \*

Alternate Telephone Number:

Email Address: \*

Which owner is the primary contact for this vessel?: \*

Interest: \*

Owner  Partner  Shareholder

**City: \***

**State: \***

**Zip Code + 4: \***

### Section 2 - Additional Vessel Shareholders (other than primary owner)

Complete this section for each person or company who holds an ownership interest. Do not include employees of the business unless they are an owner or shareholder.

[Add More Owners](#)

### Section 3 - Vessel Information

**Vessel Name (enter "unnamed" if necessary): \***

**Existing Permit Number (if applicable):**

**Document Type and Number: \***  
 Coast Guard  State Registration

**Registration Expiration Date: \***

**Vessel Length (feet): \***

**Vessel Length (inches):**

**Gross Tonnage as Recorded on Coast Guard Documentation: \***

**Year Built: \***

**Engine Horsepower: \***

**Number of Charter/Party Passengers (if applicable):**

**Construction Type: \***  
 Wood  Fiberglass  Steel  Other

**Home Port (city and state where your vessel is moored)**  
**Home City: \***

**Home State: \***

**Principal Port (city and state where the majority of your landings occur)**  
**Principal City: \***

**Principal State: \***

**Hull Serial Nbr: \***

**Fish Hold Capacity (to the nearest 100 pounds): \***

**Dredge Size in Feet (if applicable):**

**Number of Dredges Aboard Vessel (if applicable):**

**Pump Horsepower (surfclam/ocean quahog vessels only):**

**Propulsion Type: \***  
 Gasoline  Diesel  Other

## Section 4 - Fishery Information

Are you transferring a Limited Access permit from one vessel to another (*both vessels must be under the same ownership*)?: \*

Yes  No

Does the vessel you are permitting already have limited access permits?: \*

Yes  No

## Section 5 - Checklist for Initial Vessel Application

Please make sure that you have completed each item below before submitting your Initial Vessel Application for a Greater Atlantic Federal Fishing Vessel permit.

### Application Materials

- Signed and dated Initial Vessel Application
- A copy of your valid Coast Guard Documentation or a copy of your valid State Registration
- Vessel Operator Form
- If the vessel is owned by a company, LLC, or partnership, include a copy of the articles of incorporation, articles of organization, or partnership agreement
- Gillnet form and tags if you are applying for a NE multispecies Category A,E,or F permit or a limited access monkfish permit with the intention of using gillnet gear. To obtain this form call our Permit Office at 978-282-8438 or go online at [www.greateratlantic.fisheries.noaa.gov/aps/permits/forms/](http://www.greateratlantic.fisheries.noaa.gov/aps/permits/forms/)
- Check our list of LOAs and the [enrollment periods](#) to see if they apply to your fisheries.

Please save your application before uploading any supporting documents.

Save

[Click here to upload any supporting documentation](#)

*When you save this document, your documents and uploads will be displayed.*

## Section 6 - Signature

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Full Name and title: \*

On Behalf of:

*i.e., Company or Fishing Vessel*

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Current User: Aimee Ahles

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## Letter of Authorization (LOA) Request Form

To obtain an LOA, vessels must have a valid permit in the fishery for which the LOA is being requested.

If you have any regulatory questions, please contact our Sustainable Fisheries Division at 978-281-9315.

## Vessel Information

**Owner Last Name: \***

**Fishing Vessel Name: \***

**Owner First Name: \***

**Permit Number: \***

**Owner Middle Name:**

**Suffix:**

**Hull Number: \***

## Requested Fishery \*

Check our [enrollment seasons](#) for start/end dates.

Select a fishery to enter start/end dates.

Fishery	Start Date	End Date
<input type="checkbox"/> Herring carrier		
<input type="checkbox"/> Herring Gulf of Maine/ Georges Bank midwater trawl		
<input type="checkbox"/> Herring Gulf of Maine/ Georges Bank purse seine		

- Herring Gulf of Maine/ Georges Bank purse seine
- Herring transfer and receive at sea
- Monkfish (Southern Fishery Management Area - may declare via VMS)
- Gulf of Maine cod landing limit  
(must report via the Interactive Voice Response (IVR) system)
- Cultivator Shoals whiting
- Raised foot rope trawl whiting
- Party/ charter - Western Gulf of Maine Cashes Ledge closed area
- Party/ charter - Gulf of Maine Cod protection closures
- Gulf of Maine/ Georges Bank transiting
- Southern New England little tunny, gillnet
- Whiting and red hake transfer at sea
- NAFO regulatory area (must hold a valid High Seas fishing permit)
- Summer flounder small mesh
- Skate (bait)
- Spiny dogfish (Nantucket Shoals)
- Squid, mackerel, butterfish transfer at sea
- Atlantic Surfclam/ Ocean Quahog Georges Bank closed area

## Signature

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**Full Name and title: \***

**On Behalf of:**

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## Initial Vessel Operator Permit

- Each operator of a commercial (including carrier and processor) or charter/ party vessel that has been issued a federal fishing permit in the Greater Atlantic region must also obtain a Vessel Operator Permit every three years.
- If you need changes made to this form, please let us know within 15 days of submission.
- If you need to renew your permit, please call us at 978-282-8438.

**Last Name: \***

**First Name: \***

**Middle Name:**

**Suffix:**

**Telephone Number: \***

**Alternate Telephone Number:**

**Email Address: \***

**Eye Color: \***

**Hair Color: \***

**Weight (lbs): \***

**Date of Birth: \***

**Address Line 1: \***

**Address Line 2:**

**City: \***

**State: \***

**Zip Code + 4: \***

**Height (ft/in): \***

One Color Photo of You

Eye Color: \*

Hair Color: \*

Weight (lbs): \*

Height (ft/in): \*

## One Color Photo of You

All applicants **must upload a color photo** with this application form. \*

### Photo Requirements

- Recent photo, taken within the past year
- Color
- Headshot photos only (a closely-cropped picture of your head and shoulders)

Please save your application before uploading your photo.

Save

[Click here to upload a photo](#)

*When you save this document, your documents and uploads will be displayed.*

## Signature

I, the undersigned, am the person named above. I certify that the information I am providing is true, complete and correct to the best of my knowledge, and made in good faith. I understand that failure to report completely and accurately, or submitting false information may result in criminal or civil penalties. \*

Full Name and title: \*

On Behalf of:

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Submit Save Print Cancel