**Online Mock-Up for Pacific Halibut Permits (pursuant to proposed rule 0648-BK83)**

OMB # 0648-0203, Expiration: XX/XX/20XX

Directions: Please complete the IPHC Regulatory Area 2A permit application form and submit. The applicant is required to complete any field with an \* next to it. A confirmation email will be sent to the vessel owner email address provided on this application.

We will process your application and mail the permit following the applicable deadline date.

1. Select the type of permit for which you are applying:

 Recreational Pacific Halibut Charter

 Incidental Commercial Pacific Halibut during Salmon Troll

 Incidental Commercial Pacific Halibut during Longline Sablefish Fishery

 Directed Commercial Fishery

2. Vessel Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Vessel Document Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Vessel Overall Length (ft)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Vessel Weight (Gross Tons)\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Vessel Weight (Net Tons)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Year Built: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Home Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Number of Crew: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Owner’s Name or Company’s Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Owner/Company Mailing Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Owner/Company City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Owner/Company State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Owner/Company Zip Code\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Owner/Company Telephone Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Owner/Company Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Owner/Company Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Co-owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Is the Vessel Owner different than the Vessel Captain?

 Yes

 No

20. State Vessel Registration Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. State of Vessel Registration Number\*:

 Alaska

 Washington

 Oregon

 California

22. Provide ALL state vessel registration numbers indicating the applicable state.

23. I declare that the above information is true to the best of my knowledge and understand that any false statement may invalidate the IPHC vessel permit.\*

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Act Statement**

**Authority:**  The collection of this information is authorized under 5 U.S.C. § 301, Departmental regulations; Executive Order 12656**,** Assignment of emergency preparedness responsibilities; Homeland Security, Federal Continuity Directive 1, requiring Federal agencies to account for its personnel during emergencies; and Departmental Administrative Order 210-1, Emergency Readiness for Departmental Continuity.

**Purpose:**  The Department of Commerce (Department) is collecting this information to ensure managers, supervisors, continuity of operations (COOP), and other appropriate staff and individuals have the most current personal contact information for contacting you in the event of an emergency or if needed for a shift and cannot be contacted otherwise.  As an example, the information will be used to ensure employee accountability as it relates to protection and safe being in a catastrophic situation.

**Routine Uses:**  The Department will use this information to send notifications, alerts, and/or activations and to relay critical updates and guidance to Department personnel in response to an emergency scenario or exercise.  Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a**)** to be shared among Department staff for work-related purposes.  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/DEPT-18](http://www.osec.doc.gov/opog/PrivacyAct/SORNs/DEPT-18.html), Employees Personnel Files Not Covered by Notices of Other Agencies.

**Disclosure:**  Furnishing this information is mandatory.  The failure to provide accurate information may delay or prevent you from receiving notifications in the event of an emergency. The failure to provide this information also may have an effect on your Federal service under certain circumstances.  For example, failure to supply this information may delay or make it impossible to notify you in the event of an emergency about a change to your duty location and/or the Department’s needs for your service in an emergency, which may result in you being placed in an absent without leave status.

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