

File Name: 155872500

Economic Survey of Federal South Atlantic Golden Crab Permit Holders

Permit owner name: _____ Survey #: _____
Vessel name: _____ Vessel ID: _____

Please complete this survey. Enter "0" if you did not have any expenses in a category.
Do not leave blank!

202X Average Trip Expenses for This Vessel:

•On this page, we would like you to enter the **financial expenses** (actual dollar payments) you incurred during a normal or average trip in 202X for the operation of the vessel listed above.

Pay:

1. Was the owner also the captain of this vessel? Yes No

2. If owner was the captain, was the owner paid a captain's share? Yes No N/A

If Yes, amount of captain's share: \$ _____

3. Including the captain, AVERAGE AMOUNT paid to hired crew of _____ PER TRIP FOR this vessel: \$ _____
(Not to Owner! For example, from IRS Form(s) 1099-MISC or equivalent)

Other Average Trip Expenses for This Vessel:

4. AVERAGE AMOUNT paid PER TRIP for fuel used by this vessel in 202X:\$ _____
 About how many gallons of fuel is that? _____

5. AVERAGE AMOUNT paid PER TRIP for bait used by this vessel in 202X: \$ _____

6. AVERAGE AMOUNT paid PER TRIP for ice used by this vessel in 202X: \$ _____

7. AVERAGE AMOUNT paid PER TRIP for groceries used by this vessel in 202X: \$ _____

8. AVERAGE other expenses paid PER TRIP for this vessel in 202X: \$ _____

202X Total Annual Expenses for This Vessel:

- On this page, we would like you to enter the total **financial expenses** (actual dollar payments) you incurred for this vessel during 202X.
- For each question, enter the **sum of all 202X expenses for this vessel**.

9. TOTAL AMOUNT paid for this vessel for any vessel maintenance, repair, new purchase or upgrade (including engine, fixed gear, electronics, etc.): \$ _____

10. TOTAL AMOUNT paid for vessel insurance for this vessel in 202X (premium):
\$ _____

11. TOTAL OVERHEAD applicable to this vessel in 202X: dockage, licenses, (share of) rent, utilities, professional services, truck expenses, etc.
\$ _____

Please Exclude: loan payments, insurance payments, depreciation, and income taxes.

12. Did you have any loan(s) on this vessel at any time during 202X: Yes No

If Yes:

 a) Total amount you still owed at **end of** 202X: \$ _____

 b) Please split total loan **payments** in 202X into:

 i) Interest paid in 202X: \$ _____

 ii) Principal repaid in 202X: \$ _____

13. Please estimate the CURRENT MARKET VALUE OF THIS VESSEL: engines, FIXED fishing gear and electronics (this is the amount that you probably would get if you decided to sell your vessel and equipment: your best guess is fine) \$ _____

202X Gear Expenses and Ownership for This Vessel:

- On this page, we would like you to enter information on gear **purchases and ownership** during 202X.

Crab Trap Expenses for This Vessel:

14. Number of traps owned for this vessel at the end of 202X: _____ traps

15. Number of traps lost by this vessel in 202X: _____ traps

16. Number of traps purchased for this vessel in 202X: _____ traps

17. Cost per trap for this vessel: \$_____ per trap

18. Average life span of a trap not lost or damaged: _____ months

19. Did you have a refrigerated seawater system on this vessel in 202X? Yes / No

20. What year was it installed? _____

21. What was the cost of installation? \$ _____

22. Did you substantially change your fishing activities in 202X? No Yes

If YES, please answer the following questions.

22a. How did you change your fishing activities in 202X?

22b. What were the main reasons you made those changes?

22c. By how much did each of the following increase or decrease for your vessel(s) in 202X due to those changes? (Please enter "0" if there was no change)

Landings decreased by _____% OR increased by _____%

Fishing revenues decreased by _____% OR increased by _____%

Total operating costs decreased by _____% OR increased by _____%

Number of crew members decreased by # ____ crew OR increased by # ____ crew

23. Did you substantially change your **non-fishing activities** in 202X? No Yes

If YES, please answer the following questions.

23a. How did you change your **non-fishing activities** in 202X?_

23b. What were the main reasons you made those changes?

I certify that the information contained on this form is accurate and complete to the best of my knowledge:

Signature of person completing report

Date

Printed name of person signing report

(_____)_____
Phone number

Email address: _____

Please return this completed form in the enclosed prepaid envelope!

[Mail to: Scott Crosson, NOAA/SEFSC, 75 Virginia Beach Dr, Miami, FL 33149]

NOAA's Southeast Fisheries Science Center (SEFSC) is collecting this economic information to improve its ability to conduct the analyses required by the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and other applicable law. The SEFSC and the South Atlantic Fishery Management Councils will use this information to monitor, explain and predict changes in the economic performance and impacts of the South Atlantic golden crab fishery. Among other things, this will enable fisheries managers and the public to more fully consider the economic effects of proposed and existing regulations for this important fishery.

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 0648-0773 and its expiration date is XX/XX/2028. Without this approval, we could not conduct this 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 voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Southeast Fisheries Science Center, 75 Virginia Beach Drive, Bldg. 1, Miami, FL 33149-1003 Attn: Dr. Scott Crosson, at 305-361-4468, scott.crosson@noaa.gov

We appreciate the confidential nature of the data being collected by this survey. The SEFSC will handle individual survey data as confidential business information and a form of protected personal information and will maintain the confidentiality of the information consistent with legal authorities available to it, including but not limited to the Privacy Act (5 U.S.C. Section 552a) and the Trade Secrets Act (18 U.S.C. Section 1905). The SEFSC will protect individual survey data from public disclosure to the extent permitted by law and it has instituted procedures to provide that protection.