



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
NATIONAL MARINE FISHERIES SERVICE
Permits Office
501 W Ocean Blvd., Suite 4200
Long Beach, CA 90802
wcr-permits@noaa.gov

OMB CONTROL NO. 0648-0204
EXPIRATION DATE: XX/XX/20XX

COASTAL PELAGIC FISHING LIMITED ENTRY PERMIT TRANSFER FORM

This form is intended to be used for all transfers of limited entry permits to either a new vessel and/or a new owner.

Mail to: Permits Office, 501 W Ocean Blvd., Suite 4200, Long Beach, CA 90802

SECTION 1: CURRENT PERMIT HOLDER INFORMATION

PERMIT HOLDER / BUSINESS NAME		
ADDRESS, CITY, STATE, ZIP CODE		
TELEPHONE	CELL PHONE	EMAIL

SECTION 2: VESSEL INFORMATION

VESSEL NAME	PERMIT NUMBER
US COAST GUARD DOC OR STATE REGISTRATION NUMBER	PERMIT FIXED GROSS TONNAGE**

SECTION 3: SIGNATURE

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ NAME (PRINTED) _____ DATE _____

**Overall Length (ft)* is the horizontal distance between the outboard side of the foremost part (bow) of the hull and the outboard side of the aftermost part (stern) of the hull.

***Calculated Gross Tonnage (GT)* means gross tonnage as determined by the formula in 46 CFR 69.209(a) for a vessel not designed for sailing ($0.67 \times \text{length (ft)} \times \text{breadth (ft)} \times \text{depth (ft)} / 100$). A vessel's length, breadth, and depth are those specified on the vessel's certificate of documentation issued by the U. S. Coast Guard, tonnage certificate, or marine survey.

SEE PAGE 2 FOR NEW PERMIT HOLDER INFORMATION

SECTION 4: NEW POERMIT HOLDER INFORMATION

NEW PERMIT HOLDER / BUSINESS NAME		
ADDRESS, CITY, STATE, ZIP CODE		
TELEPHONE	CELL PHONE	EMAIL

SECTION 5: NEW VESSEL INFORMATION

Include a copy of the Coast Guard Documentation, Tonnage Certificate, or marine survey.

VESSEL NAME			
US COAST GUARD DOC OR STATE REGISTRATION NUMBER		HOME PORT	INTERNATIONAL RADIO CALL SIGN
OVERALL LENGTH (FT)*	BREADTH (FT)	DEPTH (FT)	CALCULATED VESSEL GROSS TONNAGE**

SECTION 6: NEW PERMIT HOLDER SIGNATURE

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ NAME (PRINTED) _____ DATE _____

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Warning: A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR part 904, a civil penalty up to \$100,000 under 16 USC 1858, and as a federal crime under 18 USC 1001.

Paperwork Reduction Act - Public reporting burden for this collection is estimated to average 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 collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to West Coast Region, NMFS, 501 West Ocean Blvd., Suite 4200, Long Beach, California 90802-4213.