

## **IMPORTANT UPDATES AND INFORMATION – PLEASE READ!**

- As of February 1, 2024, you should now submit applications for Aquacultured Live Rock permits 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- PLEASE NOTE: Any user name or account created BEFORE 09/01/2021 is no longer valid.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](https://go.usa.gov/xF7Cu)

IF you choose to mail a paper application to our office, the application will be scanned and converted to a digital version and processed as an on-line application. 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 has been sent to you. **If you mail a check or money order as payment - it will be returned to you.**



# Instructions for the Federal Permit Application for Aquacultured Live Rock (new permit)

Rev 01/02/2024

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free 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.

Additional guidance regarding Aquacultured Live Rock is available on the web at:

<http://sero.nmfs.noaa.gov/aquaculture/>

## General Instructions:

Aquacultured Live Rock (ALR) permits issued to one or more permit holders allow the deposit to and harvest of materials at a specific geographic location, or *site*. Use *this* application to request an ALR permit for a site that has not previously been issued an ALR permit,

To renew an ALR permit issued to the same permit holder(s) and for the same site, use the application titled Federal Permit Application for Aquacultured Live Rock (renew permit).

If you wish to apply as a new permit holder for an already existing site, see section below on how to conduct an ALR site transfer.

Under the current agreement between NMFS and the U.S. Army Corps of Engineers (USACE), the total acreage of all aquacultured live rock sites maintained by a single permit holder in Federal waters off the coast of Florida **may not exceed 1.0 acres**. Applicants desiring to maintain sites that exceed this 1.0 acre limit must contact their local USACE office (<http://www.usace.army.mil/Locations/>) and inquire about the individual permitting process for the deposit of aquacultured live rock in Federal waters off the coast of Florida.

### What Sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- All applicants* must fill out Section 1.
- All applicants* must fill out Section 2. If more than one vessel will be involved in the deposition or harvest of materials from the site, copy Section 2 as necessary to provide information about all vessels that may engage in the deposition or harvesting of materials from this site.
- All applicants* must fill out Section 3. If the ALR permit is to be issued to one or more individuals, fill out section 3a for each individual to whom the permit is to be issued. If the ALR permit is to be issued to one or more businesses, fill out section 3b for each business to whom the permit is to be issued. Copy Section 3 as necessary to provide information about each individual or business requested to be an ALR Permit Holder.
- If the USCG documentation or state registration for any vessel listed in Section 2 indicates the vessel is owned by one or more individuals, fill out Section 4 for all individual owners of the vessel(s). Copy Section 4 as necessary to provide information about all individuals that own the vessel(s) listed in Section 2.
- If the USCG documentation or state registration for any vessel listed in Section 2 indicates the vessel is owned by one or more businesses, fill out Section 5 for all business owners of the vessel(s). Copy Section 5 as necessary to provide information about all individuals that own the vessel(s) listed in Section 2.
- Complete Section 6 to provide information about all businesses that own a business listed in Section 3b, and/or Section 5. Copy Section 6 as necessary to provide information about all business owners within the ownership hierarchy of businesses requesting a permit or that own a vessel listed in this application.
- Complete Section 7 for all individual owners and officers of businesses listed in Section 3b, Section 5 and/or Section 6. Copy Section 7 as necessary to provide information about all individual owners and officers of businesses that are requesting a new permit or that own a vessel listed in this application.
- Complete Section 8 if any owners of the businesses listed in Section 3b, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.

- All applicants must complete Section 9 and Section 10.  
See pages 3-6 for information about specific sections of this application.

**What is the fee?**

The application fee is \$175 for a NEW aquacultured Live Rock Permit. This application fee is collected to cover the administrative cost of processing the application, and is non- refundable. NMFS will not refund money for denied permits. Payments must be made through your on line SERO Permits account. DO NOT send payment to our office, it will be returned to you. The fee to replace an aquacultured live rock permit is \$18. Applications for duplicate permits must be submitted and paid for through your on-line account.

**Where do I send the application?**

Mail the complete application, payment, and all required supporting documentation (do not send payments) to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

**How do I transfer ownership of an existing Aquacultured Live Rock**

If you are **not** the current permit holder for a particular site, you **must** include with this application a notarized statement signed by you and the current owner of the site. The notarized statement must provide details on the transfer and include the site number (e.g., AQU-XXX), latitude/longitude of the site, the full names and addresses and phone numbers of both the transferor and transferee. Note that all deposit and harvest reports for the site must be received by the NOAA Fisheries Permits Office and Florida Fish and Wildlife Research Institute, respectively, before the transfer can be finalized.

**What supporting documentation do I need?**

**Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, for each vessel listed in Section 4.

**Sample Deposit Material:** Sample Deposit Material: For a NEW site, you must provide a sample of the rock you will be depositing on the site, along with the geographic description of the source site and the geologic description of the rock. For an ESTABLISHED site - If the material to be deposited on the site for cultivation of live rock is from a different geological location than what was originally provided to NOAA Fisheries for the existing site, you must provide a sample of the new material with this application and include the geographic description of the source site and the geologic description of the rock.

**Nautical Chart:** Applicant shall identify the site on a nautical chart, or portion thereof, with sufficient enough detail to allow for site inspection, and shall provide accurate coordinates so that the site can be located by Global Positioning System (GPS) equipment. The chart number, title and edition must be clearly labeled and the chart must be large enough in scale to show sufficient detail to allow for site location and inspection.

**U.S. Army Corps of Engineers Special Permit (if applicable):** If the site(s) sites individually or cumulatively total more than 1.0 acre you must include a U.S. Army Corps of Engineers (USACOE) special permit for depositing material for the site(s).

**Authorization from Florida Keys National Marine Sanctuary (if applicable).** If the new site is located within the Florida Keys National Marine Sanctuary, you must receive consent from the Florida Keys National Marine Sanctuary (FKNMS) Permit Coordinator (joanne.delaney@noaa.gov, or (978) 471-9653). Provide documentation of this consent with your application.

## What about reporting compliance?

### **Deposit**

Federal aquacultured live rock permit holders must report to the Permits Office after each deposition of material on a site. Such reports must be postmarked no later than 7 days after deposition and must contain the following information:

- Permit number of site and date of deposit.
- Geological origin of material deposited.
- Amount of material deposited.
- Source of material deposited, that is, where obtained, if removed from another habitat, or from whom purchased.

The form "Report for the Deposit or Harvest of Aquacultured Live Rock" is available on our public website at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_a\\_pps/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_a_pps/index.html)

### **Harvest**

If you are landing your harvested aquacultured live rock **in Florida**, you must report to the Fisheries Dependent Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marin Fisheries Trip Ticket). Call the trip ticket office at (727) 896-8626 for more information.

You may use the "Report for the Deposit or Harvest of Aquacultured Live Rock" form only if you are landing harvested aquacultured live rock **outside of Florida**.

**NOTE:** You may only conduct activity (e.g., deposition, harvest) on your site in years when you have an active federal Aquacultured Live Rock permit.



### **APPLICATION SECTION 1 – SITE INFORMATION.**

Complete all fields in this section.

- This section must be prepared by an independent source in a manner pursuant to generally accepted industry standards, and shall demonstrate that the proposed site:
  - a) Is not a hazard to safe navigation or a hindrance to vessel traffic
  - b) Avoids traditional fishing operations, or other public access
  - c) Avoids impacts to naturally occurring hard bottom habitat and submerged aquatic vegetation; and
  - d) Contains natural underlying substrata that is primarily hard packed sand, hard shell hash, or less than 6-12 inches of sand over rock.
- Provide a description of the site, as requested in sections 1a – 1d.
- Provide information about the independent surveyor who performed the site inspection.
- You may provide a supplemental report by the independent surveyor if such a report augments the descriptions in this section.



### **APPLICATION SECTION 2 – VESSEL INFORMATION.**

Complete Section 2 for all vessels to be permitted to deposit or harvest of materials from the site. Copy this page as necessary to provide information about all vessels.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- Provide hailing port or home port of the vessel in the fields provided.
- Provide information about the Port of Landing, which is where the vessel will land the harvested aquacultured live rock, in the fields provided.
- For USCG documented vessels, provide the gross and net tonnage in the fields provided.
- Provide information about the vessel's physical characteristics in the fields provided.



### **APPLICATION SECTION 3 – PERMIT HOLDER INFORMATION.**

Provide information about the individual(s) or business(es) to be listed as the permit holder. For individual permit holders, fill out section 3a. For business permit holders, complete Section 3b. If there is more than one permit holder, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent. Copy Section 3 as necessary to provide information about all individuals and businesses to be a permit holder. Specifically,

#### **Section 3a**

- For each individual permit holder, include the lessee's full name, Individual Tax ID number (SSN), date of birth, phone number, email address, mailing address, physical 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 a permit.
- An Email address is required in order to approve and issue permits.

#### **Section 3b**

- For each business that is a permit holder, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, email address, mailing address, physical address, and business type.
- An Email address is required in order to approve and issue permits.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)



### **APPLICATION SECTION 4 -- INDIVIDUAL VESSEL OWNERS.**

For each vessel listed in Section 2 that is owned by one or more individuals (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete Section 4 for all individual owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- 



### **APPLICATION SECTION 5 – BUSINESS VESSEL OWNERS.**

For each vessel listed in Section 2 that is owned by one or more businesses (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete section 5 for all business owners listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at

[http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

Company A



Company B



**APPLICATION SECTION 6 –Businesses that Own Businesses**

Complete this section for any business that owns more than 1% of any business listed within the ownership hierarchy of vessel owners or permit holders, as listed in Section 3b, or Section 5. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.

- For each business, provide the business’s full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

**Example:** If a vessel’s USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.



**APPLICATION SECTION 7 –Businesses Officers and Individual Owners**

Complete this section for any individual that owns more than 1% of any business listed in Section 3b, Section 5, or Section 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity’s full name, Individual 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 a permit.

**Example:** If a vessel’s USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A and Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

**Minor shareholders**

Section 7C is left blank for most applicants. Complete Section 7C if a business listed in Section 3b, 5, 6, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

**APPLICATION SECTION 12 – Small Business or Organization Certification**

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.



**APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION**

The signatory for a coral permit must be the individual who will be conducting the activity that requires the permit. In the case of a corporation or partnership that will be conducting live rock aquaculture activity, the signatory must be the principal shareholder or a general partner.

**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 70 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.

THIS PAGE INTENTIONALLY LEFT BLANK

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 PERMIT APPLICATION FOR AQUACULTURED LIVE ROCK (NEW)

FOR OFFICE USE ONLY - DATE RECEIVED

FOR OFFICE USE ONLY  
Application ID

## SECTION 1 - SITE INFORMATION

Is this a new or established site? New  Established  NMFS Site number: AQU-  If this is a new site, leave blank—NMFS will assign a number.

**NOTE:** If this is an established site and the applicant is not the current permit holder, the applicant must complete the site transfer requirements outlined in the instructions.

### Site Location:

Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point  Longitude Center Point

Method of determining latitude and longitude GPS  DGPS  Radius ( not to exceed 117.75 feet )  Ft.

This site is located off the state of:  Minimum depth of water over the site at mean low water - reported in feet.  Ft.

## SITE SURVEY REQUIREMENT

1a. Description of the site location (i.e. 5.5NM SW of Rock key and .75NM east of Sand Shoal)

1b. Describe the naturally occurring bottom habitat at the site:

**SECTION 3a - INDIVIDUAL PERMIT HOLDER(S) INFORMATION**

**Section 3a: Primary or Sole PERMIT HOLDER:** Complete this section if there is one or more individual that is the Aquacultured Live Rock Permit Holder.

**MAILING RECIPIENT - By Default, All mail about this permit will go to the individual listed in THIS Section.**

**REQUIRED INFORMATION** - Permits cannot be issued without this information.

Is this individual a United States Citizen or permanent resident alien?  YES  NO

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - Jr, Sr, etc.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

<b>Individual Tax ID Number (SSN)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	

If there are additional individual Aquacultured Live Rock Permit Holders (joint permit holder) for this Aquacultured Live Rock Site, copy this page and provide the information for each additional individual.

**SECTION 3b – BUSINESS PERMIT OWNER(S) INFORMATION**

Section 3b: Primary or Sole Owner: Complete this section if there is one or more individual that is the Aquacultured Live Rock Permit Holder.

**MAILING RECIPIENT - By Default, All mail about this permit will go to the individual listed in Section.**

<b>Type of business:</b>	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	<b>Was this Business properly established by the laws of the United States or any state of the United States?</b>	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

**Registered Name of Business**

<b>Federal Employer Tax ID Number (FEIN)</b>	<b>Date Business Formed (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email - REQUIRED**

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional Business Aquacultured Live Rock Permit Holders (Joint permit holder) for this Aquacultured Live Rock Site, copy this page and provide the information for each additional business.

**SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION**

**Section 4a: Primary or Sole Owner:** Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. **Select only ONE mailing recipient.**

**MAILING RECIPIENT - By Default, All mail about this permit will go to the individual listed in Section this Section unless the vessel is leased.**

**REQUIRED INFORMATION** - Permits cannot be issued without this information.

Is this individual a United States Citizen or permanent resident alien?  YES  NO

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix - Jr, Sr, etc.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are operating under a different name, what is your Doing Business As (DBA) name?

<b>Individual Tax ID Number (SSN)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Area Code</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

<b>Mailing Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<b>Physical Address (PO Box not acceptable)</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>County/Parish</b>	<b>Zip Code</b>	<b>Country</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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	

If there are additional individual vessel owners listed on the vessel's USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

**SECTION 5 – BUSINESS VESSEL OWNER(S) INFORMATION**

**Section 5a: Primary or Sole Owner:** Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. **NOTE—MAILING RECIPIENT** - By default, All mail about this permit will go to the business listed in Section 5a unless the vessel is leased.

**REQUIRED INFORMATION** - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

COMPLETE Registered Name of Business

State where the Business is originally registered



Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Email Address

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country








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








**Section 5b: Joint Owner:** Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

**REQUIRED INFORMATION** - Permits cannot be issued without this information.

Type of business:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Other _____	Was this Business properly established by the laws of the United States or any state of the United States?	<input type="checkbox"/> YES
	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership		<input type="checkbox"/> NO

COMPLETE Registered Name of Business

State where the Business is originally registered



Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Email Address

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country








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








If there are additional Business vessel owners listed on the vessel's USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

## SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 3b and/or section 5. Copy this section as needed.

### Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

 YES  
 NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country









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









OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email

Cell Phone number and provider:

### Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

 YES  
 NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

Federal Employer Tax ID Number (FEIN)

Date Business Formed (MM/DD/YYYY)

Area Code

Phone Number





Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country









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









OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email

Cell Phone number and provider:

**SECTION 7 - BUSINESS OFFICERS AND BUSINESS OWNERS**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 3b, 6, 5.

**REQUIRED INFORMATION** - Permits cannot be issued without this information.

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

President/CEO  
  Vice President  
  Secretary  
  Treasurer  
  Director/ Manager  
  Shareholder  
  Other

Percent of Business Owned:

Is this individual a United States Citizen or permanent resident alien?

YES  
  NO

Last Name

First Name

Middle Name

Suffix - Jr, Sr, etc.





If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN)

Date of Birth (MM/DD/YYYY)

Area Code

Phone Number





Email Address

Mailing Address

Apt #

City

State

County/Parish

Zip Code

Country








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








**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

White  
  Black or African American  
  Native Hawaiian or Pacific Islander  
 Hispanic or Latino  
  American Indian or Alaska Native  
  Other \_\_\_\_\_  
 Asian  
  Middle Eastern or North African

**SECTION 8 - OWNER INFORMATION FOR UNNAMED MINOR SHAREHOLDERS OF BUSINESSES**

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor owners.

The total percentage of ownership of the business MUST equal 100%. If there are additional officers and /or shareholders, copy this page and provide the information for each additional officer/shareholder.

## SECTION 9 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

ALL applicants must complete this section. This section applies to the permit holder as listed in section 4.

**Information needed to complete this section:** Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

**How to fill out the form:** Start with Box 1. If the answer to the question in Box 1 is "Yes," check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.

<p>Box 1. Is the business primarily involved in harvesting seafood (commercial fishing)?</p> <p>Yes            No</p> <p>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 2 below.</p>	<p>1A) Was the business active prior to this year?</p> <p>Yes            No</p> <p>If yes, go to question 1B. If no, <b>you are done. Go to Section 9 of the application.</b></p>	<p>1B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$11 million in gross receipts in that year? Yes            No</p> <p><b>You are done. Go to Section 9 of the application.</b></p>
↓		
<p>Box 2. Is the business primarily involved in for-hire fishing services (charter, party/headboat)?</p> <p>Yes            No</p> <p>If the answer is yes, go to question 2A to the right. Otherwise, go to Question 3 below.</p>	<p>2A) Was the business active prior to this year?</p> <p>Yes            No</p> <p>If yes, go to question 2B. If no, <b>you are done. Go to Section 9 of the application.</b></p>	<p>2B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than \$14 million in gross receipts in that year? Yes            No</p> <p><b>You are done. Go to Section 9 of the application.</b></p>
↓		
<p>Box 3. Is the business primarily involved in buying and selling seafood (seafood dealer/wholesaler)?</p> <p>Yes            No</p> <p>If the answer is yes, go to question 3A to the right. Otherwise, go to Question 4 below.</p>	<p>3A) Was the business active prior to this year?</p> <p>Yes            No</p> <p>If yes, go to question 3B. If no, <b>you are done. Go to Section 9 of the application.</b></p>	<p>3B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 100 employees? Yes            No</p> <p><b>You are done. Go to Section 9 of the application.</b></p>
↓		
<p>Box 4. Is the business primarily involved in processing seafood (seafood processor)?</p> <p>Yes            No</p> <p>If the answer is yes, go to question 1A to the right. Otherwise, go to Question 5 on the next page.</p>	<p>4A) Was the business active prior to this year?</p> <p>Yes            No</p> <p>If yes, go to question 4B. If no, <b>you are done. Go to Section 9 of the application.</b></p>	<p>4B) What was the most recent year the business was active prior to this year?</p> <p>_____</p> <p>Did the business have more than 750 employees? Yes            No</p> <p><b>You are done. Go to Section 9 of the application.</b></p>
↓		

Next page

**SECTION 9 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION (cont.)**

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes            No

If the answer is yes, go to question 5A to the right. Otherwise, go to Question 6 below.

5A) Was the organization active prior to this year?

Yes            No

If yes, go to question 5B. If no, **you are done. Go to Section 9 of the application.**

5B) What was the most recent year the organization was active prior to this year?

\_\_\_\_\_

Did the organization have more than \$19.5 Million in gross receipts?    Yes            No

**You are done. Go to Section 9 of the application.**



6) The business or organization must be primarily involved in another industry not related to fishing or seafood.

Refer to SBA's list of North American Industry Classification System (NAICS) codes

(see <https://www.sba.gov/document/support--table-size-standards>) and enter the NAICS code for your primary activity here:

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large

Small

Year:

**STOP! You are done.**

**SECTION 10 - SIGNATURE FOR APPLICATION - REQUIRED**

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857).

The applicant must be an individual named as permit holder in Section 3a, or an officer or shareholder of the business listed in Section 3b as the permit holder.

Applicant Signature

Print Name

Position in Business

Date