

**UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
ANTARCTIC MARINE LIVING RESOURCES**

IMPORT TICKET NO.

NAME OF IMPORTER: _____
(INDIVIDUAL)

COMPANY NAME:
(BUSINESS)

IMPORTER ADDRESS:

COMPANY ADDRESS:

RESOURCE IMPORTED AND DATE:

QUANTITY OF RESOURCE:

1. _____

1.

2. _____

2.

3. _____

3.

4. _____

4.

HARVESTING VESSEL(S) NAME(S)

FLAG NATION

1. _____

1.

2. _____

2.

3. _____

3.

4. _____

4.

Signature

Date

Title (Business)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to National Marine Fisheries Service, 1315 East West Highway, Attention: CCAMLR Permit Office, Silver Spring, Maryland, 20910.

Return this Import Ticket within 24 hours after importing resource(s) to the address below:

Toothfish Import Control Program
National Seafood Inspection Lab
National Marine Fisheries Service
705 Convent Street
Pascagoula, MS 39567
Attention: CCAMLR Permit Office

OR

FAX: 228 762-7144
Attention CCAMLR Permit Officer