### U.S. DEPT OF COMMERCE, NOAA

NMFS PERMITS OFFICE, F/SER14 263 13th Avenue South St. Petersburg, FL 33701 Toll Free 877/376-4877 (8:00 am - 4:30 pm ET) 727/824-5326 (8:00 am - 4:30 pm ET)



# FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

http://sero.nmfs.noaa.gov	
Application ID	
FOR OFFICE USE ONLY	

FOR OFFICE USE ONLY						
Reviewer's Initials and Date						
Permit Check or Money Order Number and Amount						
Sanction Case Number if Sanctioned						
Non Compliance Hold Date						
Non Compliance Cleared Date						
PERMIT NUMBER						
Expiration Date(s)						

REMEMBER TO SEND A COPY of your current (not expired) United States Coast Guard (USCG) Certificate of Documentation. If this vessel is not documented, send a copy of your state vessel registration. If we have a copy of your documentaion or state registration on file, it must not be expired. Do not send your original. We cannot accept a bill of sale. If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

<ul> <li>Please provide the following required information.</li> <li>The application fee is \$50.00, replacement fee is \$18.00.</li> </ul>		Check or Money Order ma	ade out to the
U.S. Treasury.  April 16, 20	011- January 14, 201	2	
•	EL INFORMATION		
OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented)	YEAR BUILT	LENGTH (FEET)	TOTAL HORSEPOWER
STATE REGISTRATION NUMBER (as applicable)	Crew Size - Including	the Captain	
VESSEL NAME	HOLD or FISH BOX CA (Pounds of Harvest)	NPACITY	
HULL IDENTIFICATION or IMO NUMBER	(HULL MATERIAL)	FUEL DATA	PRODUCT STORAGE (check
HAILING PORT CITY	FIBERGLASS	GASOLINE	all that apply)
	STEEL	OTHER (DESCRIBE)	ON ICE IN HOLD, FISH BOX, ICE
HAILING PORT COUNTY OR PARISH HAILING PORT STATE	■ wood	FUEL CAPACITY -	CHEST, COOLER ETC.,
	CEMENT	TOTAL GALLONS	FREEZER
USCG DOCUMENTED VESSELS ONLY GROSS TONS NET TONS	OTHER		LIVE WELL

- 1) Please complete section 2 on this page for the Wreckfish Shareholder and Section 3 on this page for the owner of the vessel (used to fish for wreckfish to be sold on this certificate) as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned, please enter the information for the managing (primary) owner. If the owner is a business, enter the Federal ID number and date the business was formed. If the owner is an individual, enter the Social Security Number.
- 2) Complete the bottom part of section 3 for a joint owner if the vessel is jointly owned by more than one owner, OR if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. You must submit information on each joint owner and for each lessee. If you need more spaces for additional owners or lessees, copy this page blank first or provide the required information on a separate sheet of paper.
- 3) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

	2. WRECKFISH	SHAREHOLDER II	NFORMATION		
Shareholder's Certificate Number					
Mr/Mrs/Ms Last Name or Name of	Business	First Name		Middle Name	Suffix - JR,SR,etc.
Mailing Address	Apt/Suite # City	y	State Co	unty/parish Zip Code	Country
Tax ID # (Employer ID or SSN)	Date of Birth/business	filed (MM/DD/YYYY)	Area Co	de Phone Number	
	3. VESSEL OWN	NER AND LESSEE I	NFORMATIO		
Vessel Owner as shown on the	USCG Certificate of	Documentation, or f	or undocumen	ed vessels, the State	Registration.
Check one INDIVIDUAL or SOLE PR	ROPRIETORSHIP JC	DINT OWNERSHIP	PARTNERSHIP [	CORPORATION OTI	HER
Mr/Mrs/Ms Last Name or Name of	Business	First Name		Middle Name	Suffix - JR,SR,etc.
Mailing Address	Apt/Suite # City	,	State Cou	inty/parish Zip Code	Country
Physical Address  Check box if same as Mailing Address	Apt/Suite # City	<u> </u>	State Cou	nty/parish Zip Code	Country
Tax ID # (Employer ID or SSN)	Date of Birth/business	filed (MM/DD/YYYY)	Area Cod	de Phone Number	
Second Vessel Owner as s	hown on the USCG (	Certificate of Docum	entation or Stat	e Registration, or Ve	ssel Lessee
This entity is a vessel OWNER or ve	essel LESSEE (For l	essees only) LEASE STAR	RT DATE:	LEASE EXPIRATION [	DATE:
Check one INDIVIDUAL or SOLE PRO				 ] CORPORATION	ER
Mr/Mrs/Ms Last Name or Name of B	Rusiness	First Name		Middle Name	Suffix -JR,SR,etc.
Mailing Address	Apt/Suite # City		State Cou	nty/parish Zip Code	Country
Physical Address Check box if same as Mailing Address	Apt/Suite # City		State Coul	nty/parish Zip Code	Country
Tax ID # (Employer ID or SSN)	Date of Birth/business fi		Area Code	Phone Number	

# 4. OFFICER/SHAREHOLDER INFORMATION FOR WRECKFISH SHAREHOLDERS

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

If this shareholder's certificate is owned by a business, then complete this section for each officer or partner associated with the business. You must provide the information for all officers that are shown on your most recent annual report. If your business is structured as a corporation, you are required to identify all shareholders in the corporation, as well as the percentage of all shares in the corporation held by each shareholder. The total of all entries must be 100 percent.

Business name	e:				Fede	ral Tax	ID#		
All individuals associa sheets as necessary to addresses, phone nun	o list all officers, di	rectors, sha	reholders	s, and registe					
Position held - chec	k ALL that apply								
President/CEO	Vice President	Secretar	-y 🔳	Treasurer [	Director/Manager	☐ Sh	nareholder 🔳 (	Other	
Percent (%) of Corp	oration Held							Suffi	x -
Mr/Mrs/Ms Last N	lame			Firs	t Name		Middle Na	ID C	R,etc.
Mailing Address		Apt/	Suite #	City		State	County/parish	Zip Code	Country
Physical Address Check box if same as M	Apiling Addross	Apt/	Suite #	City		State	County/parish	Zip Code	Country
Check box it same as it	alling Address								
SSN	Date of Birtl	h (MM/DD/Y	YYY)		Area Co	de Phon	e Number		
Percent (%) of Corp.  Mr/Mrs/Ms Last N	oration Held	_ Secretar			t Name		reholder U Ot  Middle Na	me	Suffix - JR,SR,etc.
Mailing Address		Apt/	Suite #	City		State	County/parish	Zip Code	Country
Physical Address		Ant/	Suite #	City		State	County/posish	Zip Code	Country
Check box if same as N	Mailing Address	7 🕶					County/parish		
SSN	Date of Birth	(MM/DD/YY	YYY)	Area Code	Phone Number				
					<u> </u>				
SECTION 5. CER	TIFICATION A	ND SIGN	ATURE			vreckfis	h shareholde	er is not the	voccol
			cumen	its that the	e vessel owner o	or opera	itor is an emp		
agent of the share			cumen	nts that the	e vessel owner o	or opera			
agent of the share Shareholder's Signature			cumen	ts that the	e vessel owner o	or opera		oloyee, conti	

## INSTRUCTIONS

For a person aboard a vessel to fish for and possess wreckfish in federal waters of the South Atlantic, a commercial vessel permit for wreckfish must be issued to the vessel. To obtain a wreckfish permit, one must be a wreckfish individual transferable quota (ITQ) shareholder, an employee, agent or contractor to a wreckfish shareholder. The ITQ program requires that all wreckfish must be sold to a commercial dealer with a wreckfish dealer permit. Anyone operating under the ITQ program would also be required to have a federal commercial permit for South Atlantic snapper-grouper to be able to harvest wreckfish in excess of the bag limit and to sell wreckfish. If a person has a wreckfish permit, but no commercial permit for South Atlantic snapper-grouper species, that person cannot sell wreckfish and must adhere to the aggregate snapper-grouper bag limit, which includes wreckfish.

### General Instructions:

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 8:00 a.m. and 4:30 p.m. ET, and to consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. (Incomplete or illegible applications will be returned.)

- 1. Complete all applicable sections of this application form. Incomplete or illegible applications will be returned. Applications should be typed, or hand printed and should be filled out in ink.
- 2. The application fee is **\$50** and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The fee for a duplicate is \$18.00.
- 3. Mail the application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263**13<sup>th</sup> **Avenue South., St. Petersburg, FL** 33701. Questions may be telephoned to our toll free number at (877) 376-4877 or 727/824-5326 between 8 am 4:30pm ET. If you would like your permit and associated documents returned to you overnight upon completion of processing, enclose a completed, pre-paid FEDERAL EXPRESS air bill, complete with your street delivery address (FEDEX does not deliver to PO Boxes), telephone number, and your FEDEX account number or major credit card number with the expiration date. Please note, using the prepaid overnight delivery option does not expedite permit processing, it can only expedite delivery upon completion of processing.

<u>APPLICATION SECTION 1:</u> Unless otherwise exempted by the application form, complete <u>all</u> portions of Section 1. Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation; or if not documented, the state registration certificate.

APPLICATION SECTION 2: Enter the information of the person/business that is the Wreckfish Shareholder. All information is required. If the shareholder is an individual, provide the shareholder's date of birth and enter the Social Security Number (taxpayer ID information). If the shareholder is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

<u>APPLICATION SECTION 3:</u> Enter the information of the person/business shown as the owner on the U.S. Coast Guard Certificate of Documentation or, if not documented, from the state registration certificate. If there is more than one vessel owner shown on the USCG documentation or the vessel is titled to more than one person, provide the required information for all listed owners. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all vessel owners and lessees.

If the owner is an individual, provide the owner's date of birth and enter the individual's taxpayer ID information (Social Security Number). If the owner is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

<u>APPLICATION SECTION 4:</u> If the application is for shares that are owned by corporation, partnership, or other business entity, then information on the wreckfish shareholder's officers/ company shareholders is required. Information on all officers/ company shareholders associated with the wreckfish shareholder is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the vessel owners and lessees.

<u>APPLICATION SECTION 5:</u> The application must be signed and dated by the wreckfish shareholder. For corporate owned shares, an officer or shareholder of the company must sign and date the application.

Public reporting burden for this collection of information is estimated to average 20 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. Send comments regarding this burden estimate or any other suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER2, 263 13<sup>th</sup> Avenue South, St. Petersburg, FL 33701.

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. Confidential name and address information will be released via a NOAA Fisheries website. 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.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME FOR THE PURPOSE OF OBTAINING A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.