

NMFS TRANSSHIPMENT LOG REPORT FOR PELAGIC MANAGEMENT UNIT SPECIES
Pacific Islands Region

VESSEL _____ PERMIT NO. _____ DATE ____ / ____ / ____
(Name of vessel receiving fish) Date fish received (M/D/Y)

BROKER or SHIPPING AGENT _____ PORT of LANDING _____

| VESSEL _____ | | VESSEL REGISTRATION NO. _____ |
|--|--------------------------------|-----------------------------------|
| (Name of vessel offloading fish) | | |
| If the offloading vessel is a fishing vessel, provide the following: | | |
| Number of days vessel fished _____ | General area of catch (✓) | |
| | () North Pacific 180° - 90° E | |
| Average No. of hooks fished per day _____ | () North Pacific 90° W - 180° | |
| | () South Pacific 180° - 90° E | |
| Number of sets made _____ | () South Pacific 90° W - 180° | |
| SPECIES | NUMBER RECEIVED | TOTAL WEIGHT (POUNDS) RECEIVED |
| BLUE MARLIN | | |
| STRIPED MARLIN | | |
| SAILFISH | | |
| SPEARFISH | | |
| SWORDFISH | | |
| MAHIMAHI | | |
| WAHOO | | |
| MOONFISH | | |
| | | |
| BLUE SHARK | | |
| MAKO SHARK | | |
| THRESHER SHARK | | |
| SHARK FINS | | |
| ALBACORE TUNA | | |
| BIGEYE TUNA | | |
| YELLOWFIN TUNA | | |
| Other TUNA | | |
| | | |

PRINT NAME _____ DATE ____ / ____ / ____
(Vessel captain/operator) (Month/Day/Year)

SIGNATURE _____

Submit this form within 72 hrs of the vessel's arrival in port to land transshipped fish.
In Hawaii, submit to: NMFS Pacific Islands Fishery Science Center
2570 Dole Street, Honolulu, HI 96822
In Am. Samoa, submit to: NMFS American Samoa Field Office, c/o Dept. of Marine & Wildlife
Resources, Fagatogo, Tutuila, Am. Samoa

WESTERN PACIFIC PELAGIC FISHERIES
TRANSHIPMENT LOGBOOK

Paperwork Reduction Act Information

PUBLIC REPORTING BURDEN FOR THIS COLLECTION IS ESTIMATED AT 5 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 ASPECT OF THIS COLLECTION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO REGIONAL ADMINISTRATOR, PACIFIC ISLANDS REGION, NMFS, 1601 KAPIOLANI BLVD., SUITE 1110, HONOLULU, HI 96814.

This information is being collected to ensure accurate and timely records about the fishing activity of persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable the National Marine Fisheries Service and the Western Pacific Fishery Management Council to (a) determine how these persons would be affected by changes in management; (b) ensure that they are informed about prospective changes in fishery regulations and the analysis of estimated impacts; and (c) determine whether the objectives are being achieved by monitoring the fishery and evaluating the impacts on stocks and the fishery participants and related businesses. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 660.13). Data provided concerning the activities and business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sect. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject 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.