U.S. DEPT OF COMMERCE. NOAA

NMFS PERMITS OFFICE, F/SER14 263 13th Avenue South St. Petersburg, FL 33701-5505 727/824-5326 (8 am - 4:30 pm ET) 1-877-376-4877 Toll Free http://sero.nmfs.noaa.gov

FEDERAL APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

REQUIRED FOR ATLANTIC DOLPHIN/WAHOO AND/OR SOUTH ATLANTIC ROCK SHRIMP



OMB No. 0648-0205 Form Approval Expires: 10/31/20	14	
---	----	--

Reviewer's Initials and Date:						
Check or Money Order Number:						
Expiration Date:						
FOR OFFICE USE ONLY						

FEE: \$50.00 REPLACEMENT CARD: \$18.00

Make check or money order payable to U.S. Treasury Application Fees are Non-Refundable

Application ID	
FOR OFFICE USE ONLY	

GENERAL INSTRUCTIONS: (1) Operator cards are required by either the operator OR a crewmember of a commercial vessel or charter vessel/headboat fishing for Atlantic Dolphin and/or Wahoo and/or South Atlantic Rock Shrimp. Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp Permits are not valid unless the operator or a crewmember holds a valid Operator card when underway fishing for Dolphin, Wahoo and/or Rock Shrimp in the Atlantic EEZ.

(2) Applications must be legible; illegible applications will be returned. Application Fee is payable to the U.S. TREASURY by check or money order and is Non- Refundable. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAY OR DENIAL OF AN OPERATOR CARD.

APPLICATION INSTRUCTIONS: All blanks in Section 1 must be filled in. Use Section 2 only if you have a mailing address that is different from the street address required in Section 1. Information is required for all categories in Section 3, including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide your federal tax identification number (SSN). You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue, tape, paperclip or otherwise attach the photos to the application.

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED) CITY STATE COUNTY ZIP CODE COUNTRY AREA CODE TELEPHONE NUMBER SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BLONDE GREEN BROWN BLONDE GREY Other Othe		L	RATOR (CARD OWNER) INFO		
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BLONDE Or balding, or balding, indicate your actual hair color GREEY Other Other Other Other Other Other OTHER COLOR BLONDE OTHER COLOR BLONDE OTHER COLOR COUNTRY COUNTRY DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 TIP YOU ARE Clean shaven OF balding, indicate your actual hair color	LAST NAME	FIRST NAME	MIDDLE NA	ME	Suffix (Sr., Jr. II, etc)
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN GREEN BLONDE OT BILONDE OT BILONDE OF BILONDE					
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BLONDE Or balding, or balding, indicate your actual hair color GREEY Other Other Other Other Other Other OTHER COLOR BLONDE OTHER COLOR BLONDE OTHER COLOR COUNTRY COUNTRY DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 TIP YOU ARE Clean shaven OF balding, indicate your actual hair color					
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BROWN BROWN BLONDE Or balding, indicate your actual hair color GREY Other O	STREET ADDRESS (NO POST OFFIC	E BOX ADDRESSES WILL BE ACCEPTE	ED)		
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BROWN BROWN BLONDE Or balding, indicate your actual hair color GREY Other O					
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BROWN BROWN BLONDE Or balding, indicate your actual hair color GREY Other O	CITY	STATE	COUNTY	ZIP CODE	COUNTRY
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BROWN BLONDE Clean shaven or balding, indicate your actual hair color WHITE Other OTHER TOOLOR BROWN BLONDE Clean shaven or balding, indicate your actual hair color				211 0002	
SECTION 2 - MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1 MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR MALE BROWN BROWN BLONDE Clean shaven or balding, indicate your actual hair color WHITE Other OTHER TOOLOR BROWN BLONDE Clean shaven or balding, indicate your actual hair color					
SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MWDD/YYYY) SEX EYE COLOR MALE BROWN GREEN BLUE HAZEL GREY Other Other GREY Other STATE COUNTY ZIP CODE COUNTRY ZIP CODE COUNTRY ZIP CODE COUNTRY If you are clean shaven or balding, indicate your actual hair color			AREA CODE TELEPHONE NU	IMBER	
SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MWDD/YYYY) SEX EYE COLOR MALE BROWN GREEN BLUE HAZEL GREY Other Other GREY Other STATE COUNTY ZIP CODE COUNTRY ZIP CODE COUNTRY ZIP CODE COUNTRY WEIGHT (LBS) HEIGHT (FEET - INCHES) GREEN BLONDE or balding, indicate your actual hair color					
SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MWDD/YYYY) SEX EYE COLOR MALE BROWN GREEN BLUE HAZEL GREY Other Other GREY Other STATE COUNTY ZIP CODE COUNTRY ZIP CODE COUNTRY ZIP CODE COUNTRY If you are clean shaven or balding, indicate your actual hair color					
SECTION 3 - IDENTIFYING INFORMATION DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR HAIR COLOR BROWN BROWN BROWN BLONDE Clean shaven or balding, indicate your actual hair color GREY Other WHITE Other	SECTION 2 - MAIL	ING ADDRESS - ONLY IF D	IFFERENT FROM STREET A	ADDRESS GIVEN IN	SECTION 1
DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR HAIR COLOR BROWN GREEN BROWN BLONDE or balding, indicate your actual hair color GREY Other WEIGHT (LBS) HEIGHT (FEET - INCHES) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY)	MAILING ADDRESS	CITY	STATE CO	UNTY ZIP CO	ODE COUNTRY
DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR HAIR COLOR BROWN GREEN BROWN BLONDE or balding, indicate your actual hair color GREY Other WEIGHT (LBS) HEIGHT (FEET - INCHES) HEIGHT (FEET - INCHES) Other Other					
DATE OF BIRTH (MM/DD/YYYY) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY) SEX EYE COLOR HAIR COLOR BROWN GREEN BROWN BLONDE or balding, indicate your actual hair color GREY Other WEIGHT (LBS) HEIGHT (FEET - INCHES) Tax ID # (SSN) BIRTH PLACE (CITY, STATE, COUNTRY)					
SEX EYE COLOR MALE BROWN GREEN BROWN BLUE HAZEL GREY Other Other GREY Other GREY Other WEIGHT (LBS) HEIGHT (FEET - INCHES) Other clean shaven or balding, indicate your actual hair color		SECTION 3 - ID	ENTIFYING INFORMATION		
MALE BROWN GREEN BLONDE clean shaven or balding, indicate your actual hair color					
MALE BROWN GREEN BLONDE clean shaven or balding, indicate your actual hair color	DATE OF BIRTH (MM/DD/YYYY)	Tax ID # (SSN)	BIRTH PLACE (CITY, STATE,		
MALE BROWN GREEN BLONDE of balding, indicate your actual hair color GREY Other WHITE Other	DATE OF BIRTH (MM/DD/YYYY)	Tax ID # (SSN)	BIRTH PLACE (CITY, STATE,		
MALE BROWN GREEN COORD OF balding, indicate your actual hair color	DATE OF BIRTH (MM/DD/YYYY)				
FEMALE GREY Other WHITE BLACK RED indicate your actual hair color		DR HAIR	COLOR If you are	COUNTRY) WEIGHT (LBS)	HEIGHT (FEET - INCHES)
GREY Other actual hair color	SEX EYE COLC	DR HAIR	COLOR If you are	COUNTRY) WEIGHT (LBS)	HEIGHT (FEET - INCHES)
WHITE	SEX EYE COLC	DR HAIR GREEN BRO	COLOR If you are clean shaver or balding,	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
	SEX EYE COLO	DR HAIR GREEN BROY HAZEL BLAC	COLOR If you are clean shaver or balding, indicate your actual hair	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
OFOTION 4. CLONATURE	SEX EYE COLO	DR HAIR GREEN BRO' HAZEL GREE Other	COLOR If you are clean shaver or balding, indicate your actual hair color	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
	SEX EYE COLO	DR HAIR GREEN BRO' HAZEL GREE Other	COLOR If you are clean shaver or balding, indicate your actual hair color	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
	SEX EYE COLO	OR HAIR GREEN HAZEL Other WHI	COLOR WN BLONDE CK RED Other Other TE If you are clean shaver or balding, indicate your actual hair color	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
Applicant Signature Print Name Date	SEX EYE COLC MALE BROWN FEMALE GREY	OR HAIR GREEN HAZEL Other WHI	COLOR If you are clean shaver or balding, indicate your actual hair color	WEIGHT (LBS)	
	SEX EYE COLO	OR HAIR GREEN HAZEL Other WHI	COLOR BLONDE or balding, indicate your actual hair color CK CK CK CK CK CK CK CK CK C	WEIGHT (LBS)	HEIGHT (FEET - INCHES) Date
	SEX EYE COLC MALE BROWN FEMALE GREY	OR HAIR GREEN HAZEL Other WHI	COLOR BLONDE or balding, indicate your actual hair color CK CK CK CK CK CK CK CK CK C	WEIGHT (LBS)	

Public reporting burden for this collection of information is estimated to average 25 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 13th 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.