

U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
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 St. Petersburg, FL 33701
 Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
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 Permits.sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR VESSELS FISHING IN THE EXCLUSIVE ECONOMIC ZONE (EEZ)

FOR OFFICE USE ONLY

Application ID

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

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.

SECTION 1 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation (If the vessel is documented)

Year Built

Length (ft)

Total Horsepower

State Registration Number (as applicable)

Crew Size—Including the Captain

Vessel Name

HOLD or FISH BOX CAPACITY
How many pounds of product can you bring to the dock when full?

Hull Identification or IMO Number

Hull Material

FIBERGLASS

STEEL

WOOD

CEMENT

OTHER (DESCRIBE) _____

Fuel Data

DIESEL

GASOLINE

OTHER (DESCRIBE) _____

Fuel Capacity - Total Gallons

Product Storage (check all that apply)

ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER, ETC

FREEZER

LIVE WELL

Hailing Port City

Hailing Port County Or Parish **Hailing Port State**

USCG DOCUMENTED VESSELS ONLY

Gross Tons **Net Tons**

Passenger Capacity Data For Charter Vessels/Headboats Only

UNINSPECTED VESSEL - "6-PACK"

USCG INSPECTED VESSEL: Specify Passenger Capacity as listed on the USCG Certificate of Inspection, not including Capt. and Crew.

This vessel is used MOSTLY for (select only one)

Commercial Fishing

Charter

Headboat

For Shark and Swordfish Directed and Incidental Permit Applicants Only: Does your vessel fish with, or carry onboard, either longline or gillnet gear?

Yes No

Reminder: If yes, include a copy of your "Protected Species Release, Disentanglement, and Identification Workshop Certificate".

SECTION 2 - OPEN ACCESS PERMITS AND ENDORSEMENTS

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. The fee is \$25.00 for the first permit and \$10.00 for each additional permit or endorsement requested on this application.

FEE SCHEDULE FOR PERMITS AND ENDORSEMENTS:

1 Permit: \$25 2: \$35 3: \$45 4: \$55 5: \$65 6: \$75 7: \$85 8: \$95 9: \$105 10: \$115 11: \$125 12: \$135

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

OPEN ACCESS COMMERCIAL PERMITS	NEW		RENEW	
ATLANTIC DOLPHIN/WAHOO (ADW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER (LC) (Not required for the EEZ off Florida)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPINY LOBSTER TAILING (LT) You must have an LC permit OR provide your FL SPL information below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH MACKEREL (SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROCK SHRIMP - CAROLINAS ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC PENAEID SHRIMP (SPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GULF ROYAL RED SHRIMP ENDORSEMENT (GRRS) You must have a valid Gulf of Mexico Shrimp permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMS COMMERCIAL CARIBBEAN SMALL BOAT PERMIT (CCSB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR LOBSTER TAILING PERMIT APPLICANTS ONLY

LOBSTER TAILING APPLICANTS: To obtain a lobster tailing permit you must possess a Florida Saltwater Products License (SPL) with Restricted Species and Crawfish endorsements. If you do not have a Florida SPL with Restricted Species and Crawfish Endorsements, you must possess or simultaneously obtain a valid Federal Spiny Lobster (LC) permit.

You must provide a copy of your Florida SPL if you do not have a Federal Spiny Lobster (LC) permit

Saltwater Products License Number Crawfish Endorsement Number

Saltwater Products License Expiration Date

OPEN ACCESS CHARTER/HEADBOAT PERMITS	NEW		RENEW	
ATLANTIC CHARTER/HEADBOAT FOR DOLPHIN/WAHOO (CDW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLANTIC CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGICS (CHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOUTH ATLANTIC CHARTER/HEADBOAT FOR SNAPPER-GROUPER (SC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - LIMITED ACCESS/MORATORIUM PERMITS AND ENDORSEMENTS

Payment Reminder: All applications must include payment of a non-refundable application fee in the form of a check or money order made payable to the *U.S. Treasury*. Please refer to the fee schedule in section 2 of the application.,

INSTRUCTIONS: Find the permits in the left column and mark the check box beside that fishery to indicate what transaction(s) you want.

LIMITED ACCESS COMMERCIAL PERMITS

PERMIT NUMBER TRANSFER RENEW

KING MACKEREL (KM)					
GILLNET FOR KING MACKEREL (GN)					
GULF OF MEXICO SHRIMP (SPGM)					
GULF OF MEXICO COMMERCIAL REEF FISH (RR)					
EASTERN GULF OF MEXICO REEF FISH BOTTOM LONG LINE ENDORSEMENT (RRLE)					
ROCK SHRIMP (SOUTH ATLANTIC EEZ) (RSLA)					
SOUTH ATLANTIC GOLDEN CRAB (GC)					
SOUTH ATLANTIC UNLIMITED SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG1)					
SOUTH ATLANTIC 225 LB TRIP LIMIT SNAPPER-GROUPER (EXCLUDING WRECKFISH) (SG2)					
SOUTH ATLANTIC SEA BASS POT ENDORSEMENT (SBPE)					
SOUTH ATLANTIC GOLDEN TILEFISH ENDORSEMENT (GTFE)					
SWORDFISH DIRECTED (SFD)					
SWORDFISH HANDGEAR (SFH)					
SWORDFISH INCIDENTAL (SFI)					
SHARK DIRECTED (SKD)					
SHARK INCIDENTAL (SKI)					
ATLANTIC TUNA LONGLINE (ATL) Must have either SFI or SKI and either SFD or SKD					

LIMITED ACCESS CHARTER/HEADBOAT PERMITS

PERMIT NUMBER TRANSFER RENEW

GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (CHG)					
GULF CHARTER/HEADBOAT FOR REEF FISH (RCG)					
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR COASTAL MIGRATORY PELAGIC FISH (HCHG)					
HISTORICAL CAPTAIN GULF CHARTER/HEADBOAT FOR REEF FISH (HRCG)					

SECTION 4 - INDIVIDUAL VESSEL OWNER(S) AND LESSEE INFORMATION

Answer all of the following questions to see how to fill out this section. Copy this page as needed to provide the required information on all persons that own or lease the vessel.

Does your USCG Documentation or State Registration show the vessel owner as a person or persons?	YES - Use this page for the vessel owners	NO - Fill out vessel owner info in Section 5
Does your USCG Documentation or State Registration show more than one person as the vessel owner?	YES - Use Section 4a and 4b for the vessel owners	NO - Fill out Section 4b if vessel is leased
Is a person or persons leasing this vessel from the vessel owner?	YES - Use Section 4b for the lessee	NO - The lessee is a business Put lessee info in Section 5b
		NO - Skip Section 4b

SECTION 4a - Vessel Owner on the USCG Certificate of Documentation or State Registration for Undocumented Vessels

- 1) If the USCG Documentation or State Registration shows one person as sole vessel owner - list their information here.
- 2) If the USCG Documentation or State Registration shows more than one person as vessel owner - list their information in Sections 4a and 4b.
- 3) If there are more than two persons, photocopy this blank page as necessary to provide information for all the owners.

MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a

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

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

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

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

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

Check box if the street address is the same as the mailing address.

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

SECTION 4b - Vessel Lessee OR Joint Vessel Owner on the USCG Certificate of Documentation or State Registration

- 1) If the USCG Documentation or State Registration shows more than one person as sole vessel owner - list their information here.
- 2) If this vessel is leased by a person(s), list the lessee's information here.
- 3) If there are more than two people, photocopy this blank page as necessary to provide information for all the owners and lessee's.

Lease start date: Lease end date:

MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 4a

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

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

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

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

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

Check box if the street address is the same as the mailing address.

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

SECTION 5 - BUSINESS VESSEL OWNER(S) AND LESSEE INFORMATION

Answer all of the following questions to see how to fill out this section. Copy this page as needed to provide the required information on all persons that own or lease the vessel.

Does your USCG Documentation or State Registration show the vessel owner as a business?	YES - Use this page for the vessel owners	NO - Fill out previous page for vessel owners
Does your USCG Documentation or State Registration show more than one business as the vessel owner?	YES - Use Sections 5a and 5b for the vessel owners	NO - Fill out Section 5b if vessel is leased
Is a business or businesses leasing this vessel from the vessel owner?	YES - Use Section 5b for the lessee	NO - The lessee is a person Put lessee info in Section 4b
		NO - Skip Section 5b

SECTION 5a - Vessel Owner on the USCG Certificate of Documentation or State Registration for Undocumented Vessels

- 1) If the USCG Documentation or State Registration shows one business as sole vessel owner - list their information in Section 5a.
- 2) If the USCG Documentation or State Registration shows multiple businesses as vessel owner - list their information in Sections 5a and 5b.
- 3) If there are more than two businesses, photocopy this blank page as necessary to provide information for all the owners.

MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 5a

Is this business entity established under the laws of the United States or any State of the United States? YES NO

Registered Name of Business

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

Tax Identification 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 street address is the same as the mailing address.

Street Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country

SECTION 5b - Vessel Lessee OR Joint Vessel Owner on the USCG Certificate of Documentation or State Registration

- 1) If the USCG Documentation or State Registration shows more than one business as sole vessel owner - list their information here.
- 2) If this vessel is leased by a business(es), list the lessee's information here.
- 3) If there are more than two businesses, photocopy this blank page as necessary to provide information for all owners and lessee's.

Lease start date:

Lease end date:

MAILING RECIPIENT - All mail about this permit will go to the person listed in Section 5b

Is this business entity established under the laws of the United States or any State of the United States? YES NO

Registered Name of Business

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

Tax Identification 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 street address is the same as the mailing address.

Street Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country

SECTION 6 - OFFICER/SHAREHOLDER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL

This page must be filled out if the owner or the lessee of the vessel is a business. Copy this page as necessary to provide information on all persons that are officers/shareholders of the business(es) shown in Section 5.

Owner or lessee of the vessel: Owner Lessee

Business name

Federal Tax ID Number

Position Held - Check ALL That Apply

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

Percent of Corporation Held Is this business entity a United States citizen or permanent resident alien? YES NO

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax Identification Number (SSN) Date of Birth (MM/DD/YYYY) Area Code Phone Number

Mailing Address Apt # City State County/Parish Zip Code Country

Check box if the street address is the same as the mailing address.

Street Address (PO Box not acceptable) Apt # City State County/Parish Zip Code Country

Position Held - Check ALL That Apply

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

Percent of Corporation Held Is this business entity a United States citizen or permanent resident alien? YES NO

Mr/Mrs/Ms Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax Identification Number (SSN) Date of Birth (MM/DD/YYYY) Area Code Phone Number

Mailing Address Apt # City State County/Parish Zip Code Country

Check box if the street address is the same as the mailing address.

Street Address (PO Box not acceptable) Apt # City State County/Parish Zip Code Country

Minor Shareholder Information

MINOR SHAREHOLDERS - Check here if one or more shareholders individually holds shares that is less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor shareholder(s)

SECTION 7 - HISTORICAL CAPTAIN OR DESIGNATED OPERATOR (INCOME QUALIFIER)

This person is a (check all that apply):

- Historical Captain for Gulf of Mexico Charter/Headboat for Reef fish
 Historical Captain for Gulf of Mexico Charter/Headboat for Coastal Migratory Pelagic Fish
 Designated Operator (Income Qualifier other than the Permit Holder) for:
 Check all that apply: Commercial King Mackerel Commercial Spiny Lobster Spanish Mackerel

A Historical Captain MUST sign Section 9 as the applicant.

A Designated Operator MUST sign Section 9 as the operator along with the applicant.

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tax Identification Number (SSN)		Date of Birth (MM/DD/YYYY)	Area Code	Phone Number		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if the street address is the same as the mailing address.						
Street Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8 - SEA BASS POTS OR GOLDEN CRAB TRAPS

COMPLETE THIS SECTION ONLY IF YOU HAVE SEA BASS POTS OR IF YOU HAVE GOLDEN CRAB TRAPS. TAGS ARE REQUIRED FOR ALL POTS/TRAPS

Tag cost is \$1.80 per tag made payable by check or money order to Floy Tag, Inc.

I need tags for: Sea Bass Pots Golden Crab Traps

What color are your Buoys for Sea Bass Pots or Golden Crab Traps?

List an existing buoy color code for ANY other trap or pot fishery?

South Atlantic Sea Bass Pot/Golden Crab Trap Information - You are allowed a MAXIMUM of 35 Sea Bass Pots

Number of Pots/Traps	Pot or Trap Height (inches)	Pot or Trap Length (inches)	Pot or Trap Width (inches)	Mesh Size Height (inches)	Mesh Size Width (inches)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9 - 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). Further, the undersigned certifies that if a spiny lobster tailing permit is requested, the applicant routinely fishes commercially in Federal waters on trips of up to 48 hours or more and that such fishing activity requires the separation of the tail and carapace to maintain quality product.

Please note: If the vessel listed in Section 1 is leased, the applicant who signs below must be an individual named as a lessee in Section 4, or an officer or shareholder of the lessee as listed in Section 5 with information listed in section 6. If the vessel listed in Section 1 is not leased, the applicant must be an individual named as an owner in Section 4, or an officer or shareholder of the owner as listed in Section 6.

Applicant Signature	<input type="text"/>	Position in Business	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Designated Operator Signature	<input type="text"/>	Date	<input type="text"/>

SECTION 10 - INCOME QUALIFICATION AFFIDAVIT FOR INCOME QUALIFIED PERMITS

An Income Qualification Affidavit is accepted as proof of meeting permit income qualification requirements. This signed Income Qualification Affidavit is required with every application to renew or transfer an income qualified permit (as listed below).

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.

Spiny Lobster

50CFR622.400 An applicant must provide the following information: (vi) A sworn statement by the applicant for a vessel permit certifying that at least 10 percent of his or her earned income was derived from commercial fishing, that is, sale of the catch, during the calendar year preceding the application.

King Mackerel

50CFR622.370 To obtain or renew a commercial vessel permit for king mackerel, at least 25 percent of the applicant's earned income, or at least \$10,000, must have been derived from commercial fishing (i.e., harvest and first sale of fish) or from charter fishing during one of the 3 calendar years preceding the application.

Spanish Mackerel

50CFR622.370 To obtain or renew a commercial vessel permit for Spanish mackerel, at least 25 percent of the applicant's earned income, or at least \$10,000, must have been derived from commercial fishing (i.e., harvest and first sale of fish) or from charter fishing during one of the 3 calendar years preceding the application.

The following information applies to my income qualification for the following fisheries:

Check all that apply: Spiny Lobster King Mackerel Spanish Mackerel

I, _____, hereby declare under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001; 16 USC 1857). I agree to provide the necessary documentation to prove that I met the earned income requirement when so requested by the National Marine Fisheries Service.

Executed on _____ (date signed).

Printed Name _____ Signature _____

Business Name (if Applicable) _____

Type of business (if Applicable) _____

Position In Business (if Applicable) _____

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/SER26, 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. Name and address information will be released via a NOAA 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.