

**FISHERIES FINANCE PROGRAM (FFP) - LOAN APPLICATION FORM**

**KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY ASSET OR INCOME FOR THE PURPOSE OF OBTAINING A LOAN IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE OF UP TO \$25,000 AND/OR IMPRISONMENT FOR 1 TO 5 YEARS.**

**PRIVACY ACT NOTICE:** This request for information is authorized by Title 46 U.S.C. 1271-1279 and 50 CFR Part 253, Subpart B, and is voluntary. The data will primarily be used for the evaluation of financial condition in connection with application for financing under the Fisheries Finance Program. Financing will not be considered unless all requested information is furnished.

Applicant's Name (exact legal title)	
Address	Tax ID Number or Social Security No.
	Phone Number (      )
	Fax Number (      )

Applicant is:  Individual     Partnership     Corporation     Limited Liability Company

Loan Amount Requested \$ _____ Term Requested: _____ years
<b>Note:</b> Loan amount cannot exceed 80% of the cost or depreciated actual cost of the project.
<b>Application Fee:</b> Attach a check payable to "NOAA, NMFS, FFP" for one-half of one percent of the loan amount you are requesting. (If your application is not approved, one-half of the fee is refundable.)

Do you want to keep this application confidential and withheld from public disclosure to the extent authorized by law, including, but not limited to, the Freedom of Information Act, 5 U.S.C. section 552?  Yes  No

The Applicant certifies that: (1) it is a citizen of the United States (if a corporation, at least 75% of the stock must be held by U.S. citizens), and (2) all information in this application is true and correct to the best of the applicant's knowledge and belief and is submitted to obtain a loan from the Fisheries Finance Program.

The applicant authorizes anyone possessing financial, credit, business, or character information to release it to the Financial Services Division of the National Marine Fisheries Service (all such information shall be kept confidential by that agency). Duplicates of this authorization shall have the same validity as the original.

_____	Date: _____
(signature)	
_____	Date: _____
(signature)	
_____	Date: _____
(signature)	

**Note: Both spouses must sign if they are co-applicants; each partner must sign if applicant is a partnership; authorized corporate officer must sign and signature must be properly attested if applicant is a corporation, and corporate seal affixed, if applicable.**





**Ownership**

List owners/partners/shareholders/members, the percentage of the company they own, and their compensation from the company.

Name	Position/Title	% Owned	Compensation

**Documents Required:**

- (1) **Partnerships:** Provide a copy of your Partnership Agreement
- (2) **Corporations:** Provide a certified copy of your Articles of Incorporation, Bylaws, Declaration of Corporate Officers, Corporate Resolution authorizing transaction, Certificate of Incumbency, and a Good Standing Certificate from the Secretary of State.
- (3) **Limited Liability Companies:** Provide a certified copy of the Articles of Organization, Operating Agreement, Resolution by members authorizing transaction, and a Certificate of Good Standing from the Secretary of State.

**Resumés**

Attach a brief personal resumé including work experience for each individual, partner, officer, or major shareholder.

Are there any amounts due to the company from owners or other related parties?

Yes       No (If **yes**, describe.)

Is your company in compliance with applicable federal and state regulations (such as environmental, employment, and safety?)

Yes       No (If **no**, describe.)

**Legal History**

If any of the following questions apply to the applicant, partners, stockholders or guarantors connected with the applicant, provide complete history and current status.

(1) Is the applicant delinquent on any Federal debt? Yes  No

(2) Are any partners, shareholders, or members of the applicant delinquent on any Federal debt? Yes  No

(3) Have you ever been in bankruptcy or made an assignment for the benefit of creditors? Yes  No

(4) Have any judgments or compromise settlements ever been obtained against you? Yes  No

(5) Are you involved in any pending litigation, either as a defendant or plaintiff? Yes  No

(6) Do you buy from, sell to, lease from, or use the services of any concern in which someone in your company has a significant financial interest? Yes  No

(7) Does your business have any subsidiaries or affiliates? Yes  No

If yes, please provide their names and the relationship with your company and include a current financial statement for each.

(8) Have you ever had any fishing violations or have any outstanding unpaid fines? Yes  No

**All applicants to provide the following information:**

Accountant (name & address)	Phone Number (     )
	Fax Number (     )
Attorney (name & address)	Phone Number (     )
	Fax Number (     )
Insurance Agent (name & address)	Phone Number (     )
	Fax Number (     )

**FINANCIAL INFORMATION REQUIRED**

**NOTE: All financial statements and tax returns must be signed and dated.** (Audited financial statements may be required.)

**(1) Individual/Proprietor**

- (a) Current personal financial statement (current within 30 days).
- (b) A complete copy of your Federal Income Tax Return for the last 3 years.

**(2) Partnerships, Corporations, and Companies**

- (a) Current personal financial statement (current within 30 days) for each partner/shareholder.
- (b) A complete copy of each partner/shareholder's Federal Income Tax Return for the last 3 years.
- (c) Current Balance Sheet and Operating Statement for the partnership/corporation/company (current within 30 days).
- (d) Balance Sheet and Profit and Loss Statement for the partnership/corporation/company for the last 3 years.
- (e) A complete copy of the partnership/corporation/company's Federal Income Tax return for the last 3 years.
- (f) Current aging of accounts receivable and payable.

**(3) All Applicants:**

All applicants must provide a projection of income and cash flow, including a proforma balance sheet for two years operation of the project.

Public reporting burden for this collection of information is estimated to average 10 hours per response, including 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 Brian C. Summers, Financial Services Division, NOAA Fisheries, 1315 East West Highway, Silver Spring, MD 20910. Confidential name and address information will be released via a NOAA website for informational purposes. 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