

U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
 727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
 sero.nmfs.noaa.gov



FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

FOR OFFICE USE ONLY

Application ID

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Permit Check or Money Order Number and Amount	
Sanctioned Case Number if Sanctioned	
SERO Dealer Number	
Expiration Date(s)	

SECTION 1 - DEALER INFORMATION

Dealer entity is (check one): Individual or Sole Proprietorship Corporation Partnership Other _____

SERO Dealer Number - if you already have SERO Dealer permit(s)

1a. If the dealer is a partnership, corporation, or other business entity provide the business name, Federal Tax ID number, and date business was filed.

Name of Partnership, Corporation, or Business	Tax Identification Number (FEIN)	Date Business Formed (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

1b. If the dealer is an Individual or Sole Proprietorship complete the following information - name, Social Security Number (SSN), and date of birth:

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"/>

1c. If you are operating under a different name, what is your Doing Business As (DBA) name?

SECTION 2 - DEALER CONTACT INFORMATION

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.			<input type="checkbox"/> Check box if this is a location where you receive product from fishermen. More facilities may be added in section 5.			
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"/>
Area Code	Phone Number	Valid E-Mail Address				
<input type="text"/>	<input type="text"/>	<input type="text"/>				

SECTION 3 - PERMITS

Indicate which permit(s) and transaction(s) you are applying for. Find the fishery in the left column and mark the check box beside that fishery to indicate which transaction you want.

	NEW	RENEW
Gulf of Mexico and South Atlantic Dealer (GSAD)	<input type="checkbox"/>	<input type="checkbox"/>
Atlantic Shark (SK) (Includes the Gulf of Mexico and U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Atlantic Swordfish (SD) (Includes the Gulf of Mexico and U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - COMPANY OFFICER and SHAREHOLDER INFORMATION

Complete Section 4 only if the Dealer listed in Section 1 is a Corporation, Partnership, or other business entity. Skip this section if the Dealer listed in Section 1 is an individual or sole proprietorship. Copy this page as needed to provide information on each officer or partner associated by partnership, corporation, or other business relationship to the Dealer.

Position Held - Check ALL That Apply

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

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

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**

SECTION 5 - RECEIVING FACILITIES

List the names and street addresses for facilities where product is received (fish is off loaded from the fishing vessels). Please copy this page as needed to provide information on all facilities where fish are received. If you marked in section 2 that your street address is a receiving facility, you do not need to re-list it here.

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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"/>	

Business Name				Area Code	Phone Number		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
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 6 - STATE WHOLESALERS LICENSES

Complete the following and provide a copy of each state wholesaler's license held by the dealer.

State Wholesaler License Number	<input type="text"/>	State Issued By	<input type="text"/>
State Wholesaler License Number	<input type="text"/>	State Issued By	<input type="text"/>
State Wholesaler License Number	<input type="text"/>	State Issued By	<input type="text"/>
State Wholesaler License Number	<input type="text"/>	State Issued By	<input type="text"/>
State Wholesaler License Number	<input type="text"/>	State Issued By	<input type="text"/>

Other Federal permits or licenses held (issued from a Federal permit office outside of the Southeast Region).

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 7 - SIGNATURE FOR APPLICATION - REQUIRED

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 U.S.C. section 1746; 18 U.S.C. section 1621; 18 U.S.C. section 1001).

Please note: The applicant who signs below must be the dealer identified in Section 1 unless the dealer is a partnership, corporation, or other business entity, in which the applicant must be an individual named as an officer or shareholder of the business as listed in Section 4.

Applicant Signature

Date

Printed Name

Position In Company (if applicable)

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 required is \$50.00 for the first permit and \$12.50 for each additional permit requested with this 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/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.



Federal Annual Dealer Permit Application Instructions

Rev 11/25/2013

General Instructions:

In addition to the instructions provided, 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. Applicants are encouraged to visit the Southeast Region Permits Office website at permits.sero.nmfs.noaa.gov.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. Access to the U.S. Code of Federal Regulations is available on line at sero.nmfs.noaa.gov/sustainable_fisheries/policy_branch.

Federal regulations require a permit holder to report any permit information change to NMFS, in writing, within 30 days.

1. Complete all applicable sections of this application form. All application fields should be typed or printed in ink. NMFS will return incomplete or illegible applications.
2. The application fee is **\$50 for one permit and \$12.50 for each additional permit** and is **non-refundable**. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

FEE SCHEDULE FOR DEALER PERMITS:

1 = \$50.00 2 = \$62.50 3 = \$75.00

3. Mail the application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. If you want your permit and associated documents returned overnight, enclose a completed, pre-paid air bill and envelope. Include your physical street delivery address, telephone number, and account number or major credit card number with the expiration date. Note: FedEx, UPS, and most other commercial carriers do not deliver to PO Boxes. *Using a prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.*
4. Atlantic Shark Dealers must submit a copy of a valid Atlantic Shark Identification Workshop certificate for each place of business listed on the shark dealer permit. The certificate must be either a SHARK DEALER OWNER - SHARK IDENTIFICATION WORKSHOP CERTIFICATE or a SHARK DEALER PROXY - SHARK IDENTIFICATION WORKSHOP CERTIFICATE. If you have submitted a copy of your certificate(s) and it is not expired, you do not have to resubmit the document(s). For information about Shark Identification Workshops, contact the NMFS Highly Migratory Species Division at (301) 713-2347.

Please note – SHARK DEALER PROXY CERTIFICATE is only valid for a permit renewal and NMFS will not accept it for a new permit.

APPLICATION SECTION 1 concerns the business or individual dealer requesting the permit.

Section 1a – If the dealer is a partnership, corporation, or other business entity, print or type the name of the business as shown on your business license and enter all other information required.

Section 1b - If the dealer is an individual, enter the required information.

Section 1c - If the dealer is doing business as a separate business name (DBA), print or type that name.

APPLICATION SECTION 2 is the contact information for the dealer identified in Section 1.

Print or type the dealer's mailing and physical address and telephone number as applicable. A Post Office box may not be used as a physical address. Mark the check box if the physical address is also a facility where product is received from fishermen. Provide a valid email address if applicable.

APPLICATION SECTION 3 concerns the permit(s) being requested.

Select the permits you are applying for. Under U.S. Code of Federal Regulations Title 50 section 622, a dealer who receives the following fish is required to hold an annual Federal Gulf of Mexico and South Atlantic Dealer permit:

- | | |
|----------------------------|--------------------------------|
| Atlantic Dolphin / Wahoo | South Atlantic Snapper-Grouper |
| South Atlantic Golden Crab | South Atlantic Wreckfish |
| Gulf of Mexico Reef Fish | South Atlantic Rock Shrimp |
| Spiny Lobster | Mackerel |

Under U.S. Code of Federal Regulations Title 50 section 635.4, a dealer who receives the following fish are required to hold the applicable Highly Migratory Species Dealer permit:

- | | |
|--------|-----------|
| Sharks | Swordfish |
|--------|-----------|

APPLICATION SECTION 4 concerns the officers, shareholders, or owners if the dealer in Section 1 is a business.

For businesses, provide information on the officers/shareholders. If additional space is needed, please photocopy or print the blank page as many times as necessary to provide information on all officers/shareholders associated with the dealer.

APPLICATION SECTION 5 concerns the physical facilities where fish are received.

Provide information for each physical location where fish are received. If you marked the check box in section 2 to indicate that physical address as receiving facility, do not list it in section 5. Note: A Post Office Box is not an acceptable physical location where fish are received.

APPLICATION SECTION 6 concerns state wholesale licenses or other Federal dealer permits.

Provide the applicable information and a copy of the state wholesale licenses for each following states in which the dealer has a facility:

- | | | | | | |
|-----------|----------------|------------|-------------|--------------|----------------|
| Alabama | Alaska | California | Connecticut | Delaware | Florida |
| Georgia | Hawaii | Illinois | Iowa | Louisiana | Maine |
| Maryland | Massachusetts | Michigan | Minnesota | Mississippi | New Hampshire |
| New York | North Carolina | Ohio | Oregon | Rhode Island | South Carolina |
| Tennessee | Texas | Washington | Wisconsin | | |

If you have a facility in one of the above states and you believe there is no requirement to have a state wholesale license, please provide an explanation of that exemption.

Also, provide the permit number of any Federal dealer permits issued (for example, a dealer permit issued by the NMFS Northeast Regional Office).

APPLICATION SECTION 7 is the application signature.

The applicant must sign and date the application. The signee must be an officer or shareholder if the dealer is a corporation, partnership, or other business entity.

KNOWINGLY SUPPLYING FALSE INFORMATION TO OBTAIN A DEALER PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

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. Non-confidential information may be released via a NOAA Fisheries website. Non-confidential information means: Name, Street Address, City, State, Zip Code, Effective Date of Permit, Permit Types, Vessel Name, Vessel Identification Number, and in the case of a "for hire" vessel the Passenger Capacity, or individual, corporate and lease holders of permits. 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.