



# Instructions for the Federal Permit Application for Aquacultured Live Rock (permit renewal)

Rev 04/04/2017

In addition to the instructions provided herein, 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, or visit the SERO Permits website at [sero.nmfs.noaa.gov/permits](http://sero.nmfs.noaa.gov/permits).

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

Additional guidance regarding Aquacultured Live Rock is available on the web at:

<http://sero.nmfs.noaa.gov/aquaculture/>

## **General Instructions:**

Aquacultured Live Rock (ALR) permits issued to one or more permit holders allow the deposition to and harvest of materials from a specific geographic location, or *site*. Use *this* application to renew an ALR permit for a site for which you are listed as the permit holder on the most recent permit.

Use the **Federal Permit Application for Aquacultured Live Rock (NEW)** application to request an ALR permit for a site that has not previously been issued an ALR permit.

If you wish to apply as a new permit holder for an already existing site, see section below on how to conduct an ALR site transfer.

NMFS will not process requests to renew permits until applicants meet all reporting requirements (e.g., deposit reports) specific to the aquacultured live rock fishery. Ensure you comply with all reporting requirements in advance of any renewal application requests to avoid delays.

Under the current agreement between NMFS and the U.S. Army Corps of Engineers (USACE), the total acreage of all aquacultured live rock sites maintained by a single permit holder in Federal waters off the coast of Florida may not exceed 1.0 acres. Applicants desiring to maintain sites that exceed this 1.0 acre limit must contact their local USACE office (<http://www.usace.army.mil/Locations/>) and inquire about the individual permitting process for the deposit of aquacultured live rock in Federal waters off the coast of Florida.

### **What Sections do I complete?**

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- All applicants* must fill out Section 1.
- All applicants* must fill out Section 2a. If more than one vessel will be involved in the deposition or harvest of materials from the site, fill out Section 2b. Copy Section 2 as necessary to provide information about all vessels that may engage in the deposition or harvesting of materials from this site.
- All applicants* must fill out Section 3. If the ALR permit is to be issued to one or more individuals, fill out section 5a for each individual to whom the permit is to be issued. If the ALR permit is to be issued to one or more businesses, fill out section 3b for each business to whom the permit is to be issued. Copy Section 3 as necessary to provide information about each individual or business requested to be an ALR Permit Holder.
- If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more individuals, fill out Section 4 for all individual owners of the vessel(s). Copy Section 4 as necessary to provide information about all individuals that own the vessel(s) listed in Section 2.
- If the USCG documentation or state registration for any vessel listed in Section 2a or 2b indicates the vessel is owned by one or more businesses, fill out Section 5 for all business owners of the vessel(s). Copy Section 5 as necessary to provide information about all individuals that own the vessel(s) listed in Section 2.
- Complete Section 6 to provide information about all businesses that own a business listed in Section 3b, Section 5a, and/or Section 5b. Copy Section 6 as necessary to provide information about all business owners within the ownership hierarchy of businesses requesting a permit or that own a vessel listed in this application.
- Complete Section 7 for all individual owners and officers of businesses listed in Section 3b, Section 5a and b, and

Section 6a and b. Copy Section 7 as necessary to provide information about all individual owners and officers of businesses that are requesting a new permit or that own a vessel listed in this application.

- Complete Section 7c if any owners of the businesses listed in Section 3b, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
- All applicants must complete Section 8 and Section 9.

See pages 3-5 for information about specific sections of this application.

#### What is the fee?

The application fee is **\$31 to renew** an Aquacultured Live Rock permit. This fee is collected to cover the administrative cost of processing the application, and is non-refundable. The fee to replace a permit live rock permit is \$18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

#### Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701**. To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

#### How do I transfer ownership of an existing Aquacultured Live Rock site?

If you are **not** the current permit holder for a particular site, you **must** complete a Federal Permit Application for Aquacultured Live Rock (NEW) and include a notarized statement signed by you and the current owner of the site. The notarized statement must provide details on the transfer and include the site number (e.g., AQU-XXX), latitude/longitude of the site, the full names and addresses and phone numbers of both the transferor and transferee. Note that all deposit and harvest reports for the site must be received by the NOAA Fisheries Permits Office and Florida Fish and Wildlife Research Institute, respectively, before the transfer can be finalized.

#### What supporting documentation do I need?

- Documentation or state registration:** Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, for each vessel listed in Section 4.
- Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.
- Sample Deposit Material:** If the Provide a sample of the material to be deposited on the site for cultivation of live rock differs from what was originally provided to NOAA Fisheries, provide a sample of the new material with this application.

#### What about reporting compliance?

##### **Deposit**

Federal aquacultured live rock permit holders must report to the Permits Office after each deposition of material on a site. Such reports must be postmarked no later than 7 days after deposition and must contain the following information:

- Permit number of site and date of deposit.
- Geological origin of material deposited.
- Amount of material deposited.
- Source of material deposited, that is, where obtained, if removed from another habitat, or from whom purchased.

The form "Report for the Deposit or Harvest of Aquacultured Live Rock" is available on our public website at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_apps/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_apps/index.html)

##### **Harvest**

If you are landing your harvested aquacultured live rock **in Florida**, you must report to the Fisheries Dependent Monitoring Section of the Florida Fish and Wildlife Research Institute using standard form #33-610 (Marin Fisheries Trip Ticket). Call the trip ticket office at (727) 896-8626 for more information.

You may use the "Report for the Deposit or Harvest of Aquacultured Live Rock" form only if you are landing harvested aquacultured live rock **outside of Florida**.

**NOTE:** You may only conduct activity (e.g., deposition, harvest) on your site in years when you have an active federal Aquacultured Live Rock permit.



### **APPLICATION SECTION 1 – SITE INFORMATION.**

- Provide the Site Number (as issued by the NMFS) for your previously issued Aquacultured Live Rock site.
- Also, indicate whether material was deposited on this site during the time period that the last permit for this site was valid.



### **APPLICATION SECTION 2 – VESSEL INFORMATION.**

Complete Section 2 for all vessels to be permitted to deposit or harvest of materials from the site. Copy this page as necessary to provide information about all vessels.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- Provide hailing port or home port of the vessel in the fields provided.
- Provide information about the Port of Landing, which is where the vessel lands the aquacultured live rock, in the fields provided.
- For USCG documented vessels, provide the gross and net tonnage in the fields provided.
- Provide information about the vessel's physical characteristics in the fields provided.



### **APPLICATION SECTION 3 – PERMIT HOLDER INFORMATION.**

Provide information about the individual(s) or business(es) to be listed as the permit holder. For individual permit holders, fill out section 3a. For business permit holders, complete Section 3b. If there is more than one permit holder, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent. Copy Section 3 as necessary to provide information about all individuals and businesses to be a permit holder. Specifically,

#### **Section 3a**

- For each individual permit holder, include the lessee's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the Individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

#### **Section 3b**

- For each business that leases the vessel, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical address, mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)



**APPLICATION SECTION 4 -- INDIVIDUAL VESSEL OWNERS.**

For each vessel listed in Section 2 that is owned by one or more individuals (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete Section 4 for all individual owners listed. Complete **Section 4a** for an **individual owner**. Also fill out **Section 4b** if the vessel is **jointly owned** by another individual. Photocopy **Section 4** as necessary to provide information for all individuals that own the vessel.

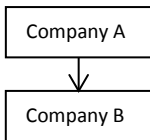
- For each owner, provide the owner's full name, tax ID number (SSN), date of birth, phone number, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).



**APPLICATION SECTION 5 – BUSINESS VESSEL OWNERS.**

For each vessel listed in Section 2 that is owned by one or more businesses (as listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration), complete section 5 for all business owners listed. Complete section 5a for a single business owner. Also fill out Section 5b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)



**APPLICATION SECTION 6 –Businesses that Own Businesses**

Complete this section for any business that owns more than 1% of any business listed within the ownership hierarchy of vessel owners or permit holders, as listed in Section 3b, or Section 5. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel.



- For each business, provide the business's full name, tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at [http://sero.nmfs.noaa.gov/operations\\_management\\_information\\_services/constituency\\_services\\_branch/permits/permit\\_faq/index.html](http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html)

**Example:** If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 6.



### **APPLICATION SECTION 7 – Businesses Officers and Individual Owners**

Complete this section for any individual that owns more than 1% of any business listed in Section 3b, Section 5, or Section 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel

- For each individual owner or officer, include the entity's full name, tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

**Example:** If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A and Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

#### **Minor shareholders**

Section 7C is left blank for most applicants. Complete Section 7C if a business listed in Section 3b, 5, 6, or 7 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

### **APPLICATION SECTION 8 – Small Business or Organization Certification**

This section is required for ALL applicants. Review the business/organization descriptions in the boxes directly under the word "START", and identify the one that describes the applicant's primary activity. Then answer the questions in the box to the right of the business activity you selected.

**If you have questions about these standards or the definition of affiliation, please call Southeast Regional Economist Mike Travis at 727-209-5982.**



### **APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION**

The signator for a coral permit must be the individual who will be conducting the activity that requires the permit. In the case of a corporation or partnership that will be conducting live rock aquaculture activity, the signator must be the principal shareholder or a general partner.

### **KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A 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 50 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 13<sup>th</sup> 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, Vessel length, Vessel tonnage (gross and net), Vessel horse power, 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.

**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/permits



## FEDERAL PERMIT APPLICATION FOR AQUACULTURED LIVE ROCK (RENEWAL)

**FOR OFFICE USE ONLY**  
 Application ID

FOR OFFICE USE ONLY	
Reviewer Initials and date	
Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared Date	
Expiration date	
Application Fees: <span style="float: right;">Renewal: \$31 <input type="checkbox"/></span>	
SCAN DATE AND INITIALS	

### SECTION 1 - SITE INFORMATION

Provide the SITE NUMBER (as assigned by NMFS) of the existing site in this box.  Check here if material was deposited on the site during the period of time the last permit for this site was valid.

### SECTION 2 - VESSEL INFORMATION

NOTE: THE permit holder may be different from the vessel owner. You must provide complete vessel and vessel owner information for each vessel to be used for the deposit or harvest of live rock material. A vessel may not be used for depositing or harvesting of material if it is not included on the application.

<p><b>Official Number From USCG Certificate Of Documentation</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Vessel Name</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Hull Identification Number</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Hailing Port City</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Hailing Port County Or Parish</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Hailing Port State</b> <input style="width: 80%; height: 20px;" type="text"/></p> <p><b>Port of Landing City</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Port of Landing State</b> <input style="width: 80%; height: 20px;" type="text"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">USCG DOCUMENTED VESSELS ONLY</p> <p><b>Gross Tons</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Net Tons</b> <input style="width: 80%; height: 20px;" type="text"/></p> <p><b>International Maritime Organization (IMO) Number</b>  <small>As applicable (see instructions)</small>  <input style="width: 100%; height: 20px;" type="text"/></p> </div>	<p><b>State Registration Number (as applicable)</b>  <input style="width: 100%; height: 20px;" type="text"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Year Built</b></td> <td style="width: 30%;"><b>Length (ft)</b></td> <td style="width: 40%;"><b>Total Horsepower</b></td> </tr> <tr> <td><input style="width: 90%; height: 20px;" type="text"/></td> <td><input style="width: 90%; height: 20px;" type="text"/></td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table> <p style="text-align: center;"><b>Crew Size - Including the Captain</b> <input style="width: 80%; height: 20px;" type="text"/></p> <p><b>HOLD or FISH BOX CAPACITY:</b> How many pounds of product can you bring to the dock when full? <input style="width: 80%; height: 20px;" type="text"/></p> <p><b>LIVE WELL CAPACITY:</b> How many gallons of water does your live well hold? <input style="width: 80%; height: 20px;" type="text"/></p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Hull Material</p> <input type="checkbox"/> FIBERGLASS  <input type="checkbox"/> STEEL  <input type="checkbox"/> WOOD  <input type="checkbox"/> CEMENT  <input type="checkbox"/> OTHER (DESCRIBE)  <input style="width: 80%; height: 20px;" type="text"/> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Fuel Data</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> DIESEL</td> <td rowspan="3" style="width: 40%; vertical-align: middle;"><b>Fuel Capacity - Total Gallons</b></td> </tr> <tr> <td><input type="checkbox"/> GASOLINE</td> </tr> <tr> <td><input type="checkbox"/> OTHER (DESCRIBE)  <input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table> </td> </tr> </table>	<b>Year Built</b>	<b>Length (ft)</b>	<b>Total Horsepower</b>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<p style="text-align: center; font-weight: bold; font-size: small;">Hull Material</p> <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER (DESCRIBE) <input style="width: 80%; height: 20px;" type="text"/>	<p style="text-align: center; font-weight: bold; font-size: small;">Fuel Data</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> DIESEL</td> <td rowspan="3" style="width: 40%; vertical-align: middle;"><b>Fuel Capacity - Total Gallons</b></td> </tr> <tr> <td><input type="checkbox"/> GASOLINE</td> </tr> <tr> <td><input type="checkbox"/> OTHER (DESCRIBE)  <input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>	<input type="checkbox"/> DIESEL	<b>Fuel Capacity - Total Gallons</b>	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> OTHER (DESCRIBE) <input style="width: 80%; height: 20px;" type="text"/>
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### SECTION 3 - PERMIT HOLDER INFORMATION

Complete Section 3a on this page for an individual that is an Aquacultured Live Rock Permit Holder. Complete section 3b for a Business that is a Aquacultured Live Rock Permit Holder. ***Photocopy this page as needed to provide information on all permit holders. Select only ONE mailing recipient. Note: Please refer to the instructions to see limitations on total site acreage for a single permit holder.***

**Section 3a: Individual is an Aquacultured Live Rock Permit Holder.** Complete this section if a individual is the permit holder.

MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a Is this individual a United States Citizen or permanent resident alien?  YES  NO

What this individual's Sex?  Male  Female Is this Individual of Hispanic, Latino, or Spanish origin?  Yes  No

What is this individual's race?  White  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Black or African American  Asian American  Other \_\_\_\_\_

Last Name  First Name  Middle Name  Suffix - Jr, Sr, etc.

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

Tax ID 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 Physical Address is the same as the mailing address.

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

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**Section 3b: Business as an Aquacultured Live Rock Permit Holder:** Complete this section if a business is the permit holder.

Type of business:  S Corporation  Cooperative  Other \_\_\_\_\_ Was this Business properly established by the laws of the United States or any state of the United States?  YES  NO  
 C Corporation  Limited Liability Co.  Partnership

MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 3b

Registered Name of Business

Tax ID 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 Physical Address is the same as the mailing address.

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

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**SECTION 4 - INDIVIDUAL VESSEL OWNER(S) INFORMATION**

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

**Section 4a: Primary or Sole Owner:** Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel.

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

What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is this individual's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

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

Tax ID 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"/>

Check box if the Physical Address is the same as the mailing address.

Physical 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"/>

**OPTIONAL:** Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email	Cell Phone number and provider:
<input type="text"/>	<input type="text"/>

**Section 4b: Joint Owner.** Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

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

What this individual's Sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this Individual of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is this individual's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____

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

Tax ID 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"/>

Check box if the Physical Address is the same as the mailing address.

Physical 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"/>

**OPTIONAL:** Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email	Cell Phone number and provider:
<input type="text"/>	<input type="text"/>



**SECTION 5 – BUSINESS VESSEL OWNER(S) INFORMATION**

Vessel Number (USCG or State number)

Photocopy this page as needed to provide ownership information for all vessels listed in section 2. Use a separate page for each vessel.

**Section 5a: Primary or Sole Owner:** Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. Select only ONE mailing recipient.

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_  
 C Corporation     Limited Liability Co.     Partnership

Was this Business properly established by the laws of the United States or any state of the United States?     YES  
 NO

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

Registered Name of Business

Tax ID Number (FEIN)	Date Business Formed (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"/>

Check box if the Physical Address is the same as the mailing address.

Physical 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"/>

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email       Cell Phone number and provider:

**Section 5b: Joint Owner:** Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business:  S Corporation     Cooperative     Other \_\_\_\_\_  
 C Corporation     Limited Liability Co.     Partnership

Was this Business properly established by the laws of the United States or any state of the United States?     YES  
 NO

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

Registered Name of Business

Tax ID Number (FEIN)	Date Business Formed (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"/>

Check box if the Physical Address is the same as the mailing address.

Physical 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"/>

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email       Cell Phone number and provider:

## SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 3b and/or section 5. Copy this section as needed.

### Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

Tax ID 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 Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country









OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email

Cell Phone number and provider:

### Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business:

S Corporation

Cooperative

Other \_\_\_\_\_

Was this Business properly established by the laws of the United States or any state of the United States?

YES

NO

C Corporation

Limited Liability Co.

Partnership

Registered Name of Business

Tax ID 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 Physical Address is the same as the mailing address.

Physical Address (PO Box not acceptable)

Apt #

City

State

County/Parish

Zip Code

Country









OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email

Cell Phone number and provider:

**SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS**

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 3b, 5, and 6. Copy this section as needed.

**Section 7a: Individual Officer/Owner:**

Business for which this individual is an officer/owner of:

**Position Held - Check ALL That Apply**

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

Percent of Business Owned:

Is this individual a United States citizen or permanent resident  YES  NO

What this individual's Sex?  Male  Female

Is this Individual of Hispanic, Latino, or Spanish origin?  Yes  No

What is this individual's race?  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax ID 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 Physical Address is the same as the mailing address.

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

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**Section 7b: Additional Officer/Owner:**

Business for which this individual is an officer/owner of:

**Position Held - Check ALL That Apply**

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

Percent of Business Owned:

Is this individual a United States citizen or permanent resident  YES  NO

What this individual's Sex?  Male  Female

Is this Individual of Hispanic, Latino, or Spanish origin?  Yes  No

What is this individual's race?  
 White  
 Black or African American

American Indian or Alaska Native  
 Asian American

Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Last Name First Name Middle Name Suffix - Jr, Sr, etc.

Tax ID 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 Physical Address is the same as the mailing address.

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

OPTIONAL: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email  Cell Phone number and provider:

**SECTION 7 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)**

**7c. Minor Owner Information**

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

TOTAL PERCENTAGE of the business shares held by minor owners.

**SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION**

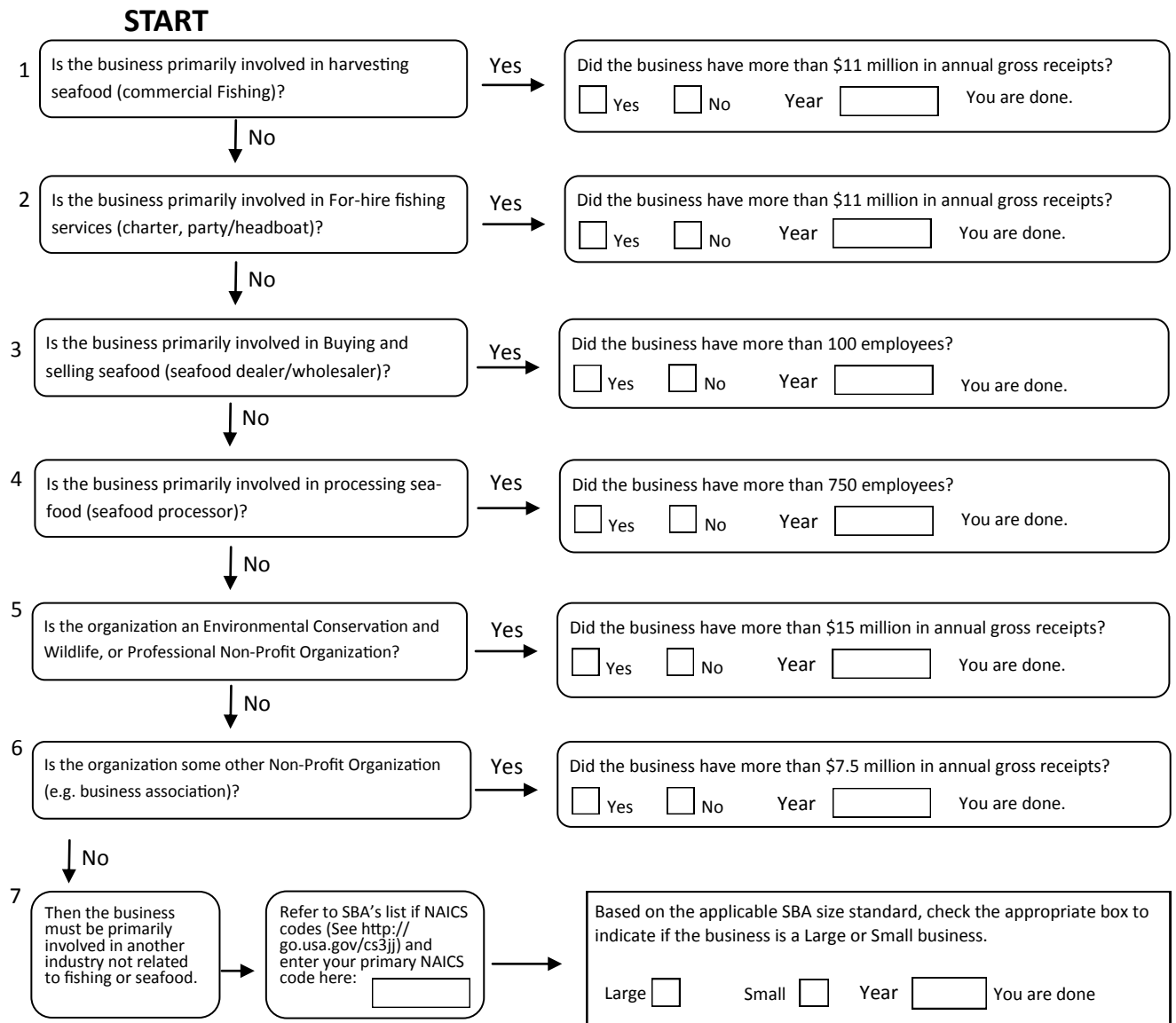
 **(All Applicants must complete this section)**

Complete this section for the business(es)/organization(s)/ sole proprietorship(s) listed in section 5 to whom the permit will be issued.

When proposing regulations, the National Marine Fisheries Service (NMFS) is required to analyze the economic effects of such regulations on small entities (e.g., businesses and non-profit organizations). As part of the required analyses, NMFS must determine if permit applicants are large or small entities according to standards established by the Small Business Administration (SBA) and NMFS. Only one standard applies to each business or non-profit organization. The standard is based on your primary North American Industry Classification System (NAICS) code, which indicates the industry your business or non-profit organization is primarily engaged in. The industry you are primarily engaged in is based on the activity that generated the greatest gross receipts (sales) in the most recent calendar year. The SBA has also established "principles of affiliation" to determine whether a business concern is "independently owned and operated." In general, businesses are affiliates of each other when one business controls or has the power to control the other business or a third party controls or has the power to control both.

For this assessment, please estimate your annual gross receipts (sales) OR number of employees (see chart below to determine which estimate you need). Estimates of annual gross receipts must be for all businesses with which you are affiliated. Estimates of the number of employees must include all full, part-time, and temporary employees of all businesses with which you are affiliated. For example, if two businesses jointly own or lease a vessel, it is highly likely they are affiliated. **If you have any questions about affiliation, please contact Mike Travis, SERO Economist, at [mike.travis@noaa.gov](mailto:mike.travis@noaa.gov) or call 727-209-5982.**

Please base your responses on the most recent calendar year for which you have complete data regarding your business' or organization's operations, and specify that calendar year in the appropriate box below



**SECTION 9—APPLICANT SIGNATURE — I certify that the information provided is complete and correct.**

Applicant Signature

Date Signed

Printed Name

Position in Company