

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 THE HARVEST OF AQUACULTURED LIVE ROCK

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer Initials and date	
Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
Non Compliance Hold date	
Non Compliance Cleared Date	
Expiration date	

Application Fees: New: \$175 Renewal: \$31

SECTION 1 - SITE INFORMATION

If applying to obtain a permit for an existing deposition site (You need not fill in the other fields within the Site Information section.)

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

If applying to obtain a permit for a new deposition site:

Latitude and Longitude must be reported as Degrees-Minutes to the third decimal place (i.e. 24-32.123 N 085-45.456 W)

Latitude Center Point Longitude Center Point

Method of determining latitude and longitude GPS DGPS Radius (not to exceed 117.75 feet) Ft.

This site is located off the state of: Minimum depth of water over the site at mean low water - reported in feet. Ft.

SECTION 2 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation	Year Built	Length (ft)	Total Horsepower
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

State Registration Number (as applicable)	Crew Size—including the Captain	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		

Vessel Name	HOLD or FISH BOX CAPACITY: How many pounds of product can you bring to the dock when full?	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		

Hull Identification or IMO Number	LIVE WELL CAPACITY: How many gallons of water does your live well hold?	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>		

Hailing Port City

Hailing Port County Or Parish	Hailing Port State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Port of Landing City	Port of Landing State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

USCG DOCUMENTED VESSELS ONLY

Gross Tons	Net Tons
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

<input type="checkbox"/> DIESEL	Fuel Capacity - Total Gallons
<input type="checkbox"/> GASOLINE	
<input type="checkbox"/> OTHER	
<input style="width: 80px;" type="text"/>	

SECTION 3 - PERMIT HOLDER INFORMATION

1) Please complete this section for each permit holder. If the permit holder(s) is/are individual(s) enter the Social Security Number(s) (SSN) and date(s) of birth. Complete the Joint Permit Holder information for a second permit holder if the permit is held by more than one individual. If the permit holder is a business or partnership, enter the Federal Tax ID number and date the business was formed or partnership was filed. If you need more space, copy this form or provide the required information on a separate sheet of paper.

2) Place an "X" in the Mailing Recipient block to indicate who will receive the permit and all related information.

SECTION 3a - Individual Permit Holder

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

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

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 3b - Joint Permit Holder

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

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

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 3c - Business Permit Holder

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

Registered Name of Business

Tax Identification 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"/>						

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 4 - INDIVIDUAL VESSEL OWNER(S) AND LESSEE INFORMATION

Answer 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 & 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 - <i>The lessee is a business</i> 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.

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Tax Identification Number (SSN)		Date of Birth (MM/DD/YYYY)	Area Code	Phone Number			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Mailing Address		Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" 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 style="width: 100%;" type="text"/>		<input style="width: 100%;" 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:

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Tax Identification Number (SSN)		Date of Birth (MM/DD/YYYY)	Area Code	Phone Number			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
Mailing Address		Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" 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 style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>					

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

Answer 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 Section 5a & 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 - <i>The lessee is a person</i> 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.

Registered Name of Business

Tax Identification Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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 style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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:

Registered Name of Business

Tax Identification Number (FEIN)	Date Business Formed (MM/DD/YYYY)	Area Code	Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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 style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

This page must be filled out if the permit holder is a business and/or 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.

Mark the appropriate box: Permit Holder Vessel Owner Vessel Lessee

Business name Federal Tax ID Number

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 7—APPLICANT SIGNATURE — I certify that the information provided is complete and correct.

Applicant Signature Date Signed

Printed Name Position in Company

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, Permits Branch, 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 Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

INSTRUCTIONS FOR THE FEDERAL PERMIT APPLICATION FOR THE HARVEST OF AQUACULTURED LIVE ROCK

General Instructions:

Applicants with specific questions may contact the Southeast Regional Permits Office at (727) 824-5326 between 8:00 a.m. and 4:30 p.m. ET, Monday through Friday.

1. If obtaining a permit for an existing deposition site, fill out on the first block in section 1, indicating the SITE NUMBER. You do not need to fill in the information on the position location, water depth, etc., since that information should not have changed. If obtaining a permit for a **new** deposition site, do not fill in the SITE NUMBER (NMFS will assign that), and complete all other sections of Section 1 including the site position, water depth, method of positioning, radius of deposition site, and state off which the deposition site is located.
2. Fill in all fields in Sections 2, 3, and 4 as applicable.
3. The application fee for a **new permit** is **\$175**, a **permit renewal** is \$31, and both are **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application.
4. If applying to permit a new site, or applying as a new permit holder for an existing site, an Aquaculture Site Evaluation Report (permits.sero.nmfs.noaa.gov) **must** accompany each application, along with samples of the rock that will be placed at the site. Please note that separate documents may be submitted, but may not to be substituted for the site evaluation report. Please do not refer to "accompanying documents" in the site survey.
5. Mail the completed application, the check/money order, completed Aquaculture Site Evaluation Report, sample of rock to be placed at site, and a copy of the valid U.S. Coast Guard Certificate of Documentation or state registration for **each** vessel operated to maintain the site to: **NMFS PERMITS OFFICE (F/SER 14), 263 13th AVENUE SOUTH, ST. PETERSBURG, FL 33701-5055**. **NOTE:** If you would like your permit and associated documents returned to you via overnight mail, enclose a pre paid FEDERAL EXPRESS or UPS air bill, complete with your delivery address (no PO Box numbers – FEDEX and UPS do not deliver to PO boxes), telephone number, and your FEDEX or UPS account number or credit card number with expiration date.

APPLICATION SECTION 1 concerns the deposition site.

If obtaining a permit for a new deposition site, latitude and longitude must be provided with degrees and minutes to the third decimal place (e.g. 24[°] 56.789' N 081[°] 23.456' W). Also, provide the method of determining latitude and longitude, mean water depth over the site, and the state off which the site is located. If obtaining a permit for an existing deposition site, provide only the Site Number as assigned by NFMS.

NOTE: Aquacultured Live Rock permits off the state of Florida are issued under the U.S. Army Corps of Engineers (USACE) General Permit SAJ-71. Under SAJ-71, the total acreage of all sites maintained by a single permit holder must not exceed 1.0 acres. Applicants desiring to maintain sites with a total area of more than 1.0 acre OR off the coast of a state other than Florida must contact their local USACE office, www.usace.army.mil, to obtain permits for depositing material.

APPLICATION SECTION 2 concerns the vessel(s) used to deposit or harvest at the site.

Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation or State Registration. If this permit is to be used on more than one vessel, copy this page and provide the information for each vessel. Please note that additional vessels will require additional vessel owner information in Sections 4 or 5. A vessel may not be used to work an aquacultured live rock site if it is not listed on the permit. A copy of the valid USCG Certificate of Documentation or State Registration **must** be provided for each vessel listed.

APPLICATION SECTION 3 applies to the Permit Holders whether they are an individual or a company.

Enter information for the person to be listed as the "Permit Holder". For more than one permit holder, fill out the "Joint Permit Holder" information in section 3b (if there are more than two joint permit holders, copy page as needed). If the "Permit Holder" is a business or partnership, complete section 3c using the Federal Tax ID number and the date that the corporation was filed.

APPLICATION SECTION 4 applies to people who directly own or lease the vessel.

Fill out Section 4a only if the owner(s) listed on the vessel's U.S. Coast Guard Certificate of Documentation or State Registration is a person or persons, not a business. Provide information for all owners. Photocopy the blank page as necessary to provide information about all people who own the vessel.

Fill out Section 4b only if the vessel is leased to a person or persons, not a business. Photocopy the blank page as necessary to provide information about all people who lease the vessel.

APPLICATION SECTION 5 applies to businesses that directly own or lease the vessel.

Fill out Section 5a only if the owner listed on the U.S. Coast Guard Certificate of documentation or the State Registration is a business, not a person. Provide information for all owners listed on the vessel's USCG Documentation or State Registration. Photocopy the blank page as necessary to provide information about all vessel owners.

Fill out Section 5b only if the vessel is leased to a business, not a person. Photocopy the blank page as necessary to provide information about all businesses who lease the vessel.

NMFS will not issue the permits if the business is considered INACTIVE by the applicable Secretary of State.

APPLICATION SECTION 6 applies to the officers or shareholders of businesses that hold the permit and/or own or lease the vessel.

NMFS requires information on all owner's officers/ shareholders if the application is for a permit owned business entity or a vessel owned or leased by a business entity. Please photocopy the blank form as necessary to provide information on all officers/shareholders associated with the permit holder, vessel owners, and vessel lessees.

APPLICATION SECTION 7 is the application signature

The person who signs in Section 7 should be:

1. The permit holder, listed in Section 3a or 3b

OR

2. An officer or representative (listed in section 6) of the business (listed in section 3c) that holds the permit

IMPORTANT NOTE: Permit holders **must** provide notice at least 24 hours prior to harvesting aquacultured live rock at their permitted site. For more information on harvest notification, contact the NMFS Enforcement Office at (727) 824-5344.