



Instructions for the Federal Permit Application for Annual Dealer Permit

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.

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.

General Instructions:

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, 2, and 3.
- If the dealership, as listed in Section 1 and on the applicable state wholesale licenses, is a business that is owned by another business, fill out Section 4.
- If the dealership, as listed in Section 1, is a business, fill out Section 5 for all individual owners of the dealership listed in Section 1.
- Also, complete Section 5 for all individual owners of businesses that own dealership, as listed in Section 4. Copy Sections 4 and 5 as necessary to provide information for all owners of the dealership, and owners of businesses that own the dealership.
- All applicants* must fill out Sections 6 and 7.

See pages 2-4 for information about specific sections of this application.

What is the fee?

The application fee is **\$50 for one fishery and \$12.50 for each additional fishery**, as described in the table below. This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

The fee to replace one or more permits issued to a dealer 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.

Permits 1 = \$50 2 = \$62.50 3 = \$75

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to:

**NMFS Permits Office (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.

What about reporting compliance?

NMFS will not renew a dealer permit until all reporting requirements for the permit being renewed have been met (e.g., SAFIS, Trip Ticket, HMS electronic dealer reporting, e-1 Ticket, PC-1 Ticket programs). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Communications concerning Atlantic shark and/or swordfish dealer reporting requirements must be directed to the Atlantic Highly Migratory Species (HMS) Management Division at (301) 427-8590
- Communications concerning Gulf and South Atlantic Dealer (GSAD) reporting requirements must be directed to the SEFSC Quota Monitoring Office at (305) 361-4581. Current reporting status can be viewed at <http://sefsc.noaa.gov/drsr/DealerReportingStatus.jsp>

What supporting documentation do I need?

- State Wholesale License:** Provide a copy of the valid state whole sale license for each state in which the dealership has a facility
- 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.
- HMS Workshop Certificate:** *Shark dealers* must provide a copy of one of the following HMS Workshop Certificates:
 - (A) Valid Dealer Certificate,
 - (B) Valid Proxy Certificate from an employee of the dealership, or
 - (C) *If the dealer’s has an expired shark dealer permit, or if the dealer has never been issued a shark dealer permit,* a General Participant Certificate from an officer or owner of the dealership will also be accepted.



APPLICATION SECTION 1 – DEALER INFORMATION.

Complete all applicable portions of Section 1.

In Section 1A

- Enter the dealership name as it appears on the state wholesale license(s). If the dealership uses a fictitious name, or does business as another name, provide the DBA name in the space provided. All dealerships must provide a valid email address, and telephone number.
- If the dealership is a business, provide the dealership’s Federal Employer Identification Number (FEIN) and date the dealership was formed.
- 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
- If the dealership is an individual, provide the dealer’s Social Security Number (SSN) and date of birth.

In Section 1B

- Provide a mailing and physical address for the dealership in Section 1b.



APPLICATION SECTION 2 – Permits Requested.

Indicate the fishery and transaction type of the permits requested.

APPLICATION SECTION 3 – Receiving Facilities.



Provide information for each physical address where fish are received. The “physical facility” must be the dealer’s brick and mortar facility. If the facility listed is a marina, boat ramp, dock, or other location where the boat unloads, than the dealer must *own or leases* the marina, boat ramp, dock, or other place. Public docks and boat ramps may not be considered a dealer facility.

Include a copy of the state wholesale license from each state in which the dealer has a facility.

Company B



Company A



APPLICATION SECTION 4 – Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of the dealership.

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 dealer.

- 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

Example: If the dealer, as identified by the state wholesale license(s), is owned by Company A, provide information about Company A in Section 4. If Company B owns Company A, also provide information about Company B in section 4.



APPLICATION SECTION 5 – Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of the dealership, as listed in section 1 and 4. 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).
- **Minor shareholders:** Complete Section 5b if a business listed in Section 1, or 4 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%. This section is left blank for most applicants.

Example: If the dealership 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 5 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.

APPLICATION SECTION 6 – 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 7 – SIGNATURE FOR APPLICATION

The applicant must sign the application in section 7. If the dealership is a business, the signee must be an officer or owner of the dealership business.

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 30 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, 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



OMB Control No. 0648-0205; Expiration date: 05/31/2020

FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

<p>FOR OFFICE USE ONLY</p> <p>Application ID</p>
--

FOR OFFICE USE ONLY			
Reviewer's Initials and Date			
Check or Money Order Number and Amount			
SERO Dealer Number			
Non Compliance Hold Date			
Non Compliance Cleared Date			
Expiration Date			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SCAN DATE AND INITIALS</td> <td></td> </tr> </table>		SCAN DATE AND INITIALS	
SCAN DATE AND INITIALS			

Include a copy of the State Wholesale/Dealer license for each state where product will be first received from the commercial fisherman/vessel. The name shown on your State Wholesale License(s) and your Federal Dealer permit must match in ownership. Please provide the name below as it appears on the State Wholesale License. The date formed refers to the date in which the corporation or business was formed (the date the business was filed for with the Secretary of State in the state where the business was formed). The FEIN is the number that was provided to you by the IRS (if applicable).

SECTION 1 - DEALER INFORMATION (PERMIT HOLDER)

Provide the name below as it appears on the state wholesale or dealer license.

1a. Dealer's Name as it appears on the State Wholesale License **Do you use a DBA name?** Yes No

If yes, What is the DBA name? **Area Code** **Phone Number** **E-Mail Address (REQUIRED)**

➔ If the dealer is a Business:

Dealer is (check one): 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

Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)**

➔ If the dealer is an Individual: **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 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)**

1.b. REQUIRED—Address Information for either Business Or Individual Dealer:




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**

SECTION 2 - PERMITS

Indicate which permit(s) you are applying for by checking the box adjacent to the corresponding fishery. Also indicate if this is a new or renewal of a permit.

		NEW	RENEW	
	Gulf of Mexico and South Atlantic Dealer (GSAD)	<input type="checkbox"/>	<input type="checkbox"/>	FEE SCHEDULE 1 Permit = \$50.00 2 Permits = \$62.50 3 permits = \$75.00
	Domestic Atlantic Swordfish (SD) (Includes the Gulf of Mexico and the U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	
	Atlantic Shark (SK) (Includes the Gulf of Mexico and U.S. Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	

Applicants for an Atlantic Shark Dealer permit must provide a copy of the unexpired Shark Identification Workshop Certificate for each facility listed below OR have a copy of the unexpired certificate on file with the permits office at the time of

SECTION 3 - RECEIVING FACILITIES

List the names and physical 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 receive product in different states, you must provide a copy of your valid State Wholesale License for each state.

Check here if a location where you receive product from fishermen is the same as the physical address from section 1 or for sole proprietor's in section 2. If checked, you do not need to re-list that location here.

1. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

2. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

3. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

4. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

5. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

6. Facility Name **Area Code** **Phone Number**

--	--	--

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

--	--	--	--	--	--	--

SECTION 4 - BUSINESSES THAT OWN THE DEALER

Complete this section for each business that owns 1% or more of the dealer shown in section 1. Copy this section as needed.

Section 4a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

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

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 4b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

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

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 5 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS (Cont.)

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer). Copy this section as needed to provide information about ALL officers and shareholders.

Section 5a: 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? <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"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <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:**

Section 5b: Minor Shareholders: Complete this section by providing information on all individual officers and owners that own less than 1% of any business listed in section 1 (the dealer) and/or section 4 (businesses that own the dealer).

MINOR OWNERS - Check here if one or more owners (individual OR business) holds shares that are less than 1% of the total business shares.

TOTAL PERCENTAGE of the business shares held by minor owners.

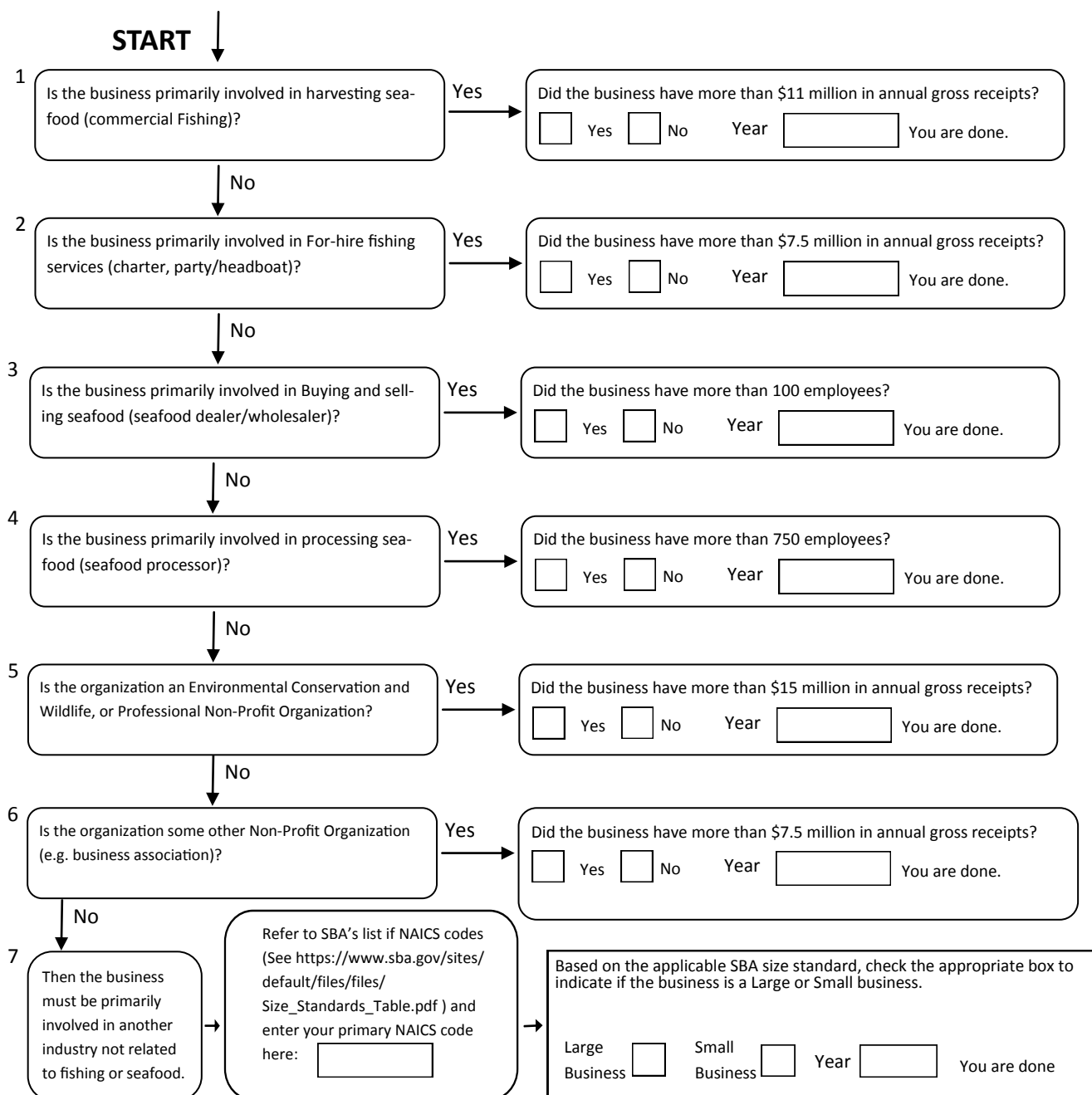
SECTION 6 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

Complete this section for business(es)/organization(s)/sole proprietorship(s) that is listed as the dealer in section 1, block 1a.

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 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 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 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.