OMB No. 0648-0205 Form Approval Expires: 10/31/2014

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877/376-4877 (8:00 am - 4:30 pm ET)
727/824-5326 (8:00 am - 4:30 pm ET)
http://sero.nmfs.noaa.gov

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

Application ID

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Reviewer's Initials and Date	
Permit Check or Money Order Number and Amount	
Sanction Case Number if Sanctioned	
Non Compliance Hold Date	
Non Compliance Cleared Date	
PERMIT NUMBER	
Expiration Date	

REMEMBER TO SEND A COPY of your current (not expired) United States Coast Guard (USCG) Certificate of Documentation. or a copy of your state vessel registration. If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.
- Please provide the following required information.
- The applicatlon fee is $50.00, replacement fee is $18.00. Fees are payable as Check or Money Order made out to the U.S. Treasury.

April 16, 2013- January 14, 2014

1. VESSEL INFORMATION

OFFICIAL NUMBER FROM USCG CERTIFICATE OF DOCUMENTATION (if the vessel is documented)

STATE REGISTRATION NUMBER (as applicable)

VESSEL NAME

HULL IDENTIFICATION or IMO NUMBER

HAILING PORT CITY

HAILING PORT COUNTY OR PARISH **HAILING PORT STAT**

USCG DOCUMENTED VESSELS ONLY
GROSS TONS **NET TONS**

YEAR BUILT **LENGTH (FEET)** **TOTAL HORSEPOWER**

Crew Size - Including the Captain

HOLD or FISH BOX CAPACITY (Pounds of Harvest)

HULL MATERIAL
- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER _____

FUEL DATA
- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

FUEL CAPACITY - TOTAL GALLONS

PRODUCT STORAGE (check all that apply)
- ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER ETC.,
- FREEZER
- LIVE WELL

Form Revision 07/24/2013

2. VESSEL OWNER AND/OR LESSEE INFORMATION

1) Please complete Section 2 on this page for the owner of the vessel (that issued to fish for wreckfish to be sold on this certificate) as shown on the USCG Certificate of Documentation or, if not documented, on the state registration certificate. If the vessel is jointly owned, please enter the information for the managing (primary) owner. If the owner is a business, enter the Federal ID number and date the business was filed. If the owner is an individual, enter the Social Security Number.
2) Complete the bottom part of Section 2 for a joint owner if the vessel is jointly owned by more than one owner, OR if the vessel is leased, for the entity that is leasing the vessel from the vessel owner. You must submit information on each joint owner and for each lessee. If you need more spaces for additional owners or lessees, copy this page blank first or provide the required information on a separate sheet of paper.
3) If your vessel's state registration does not list all owners of the vessel, also provide a copy of the vessel's title, or other documentation from the appropriate state agency that identifies all vessel owners.

Vessel Owner as shown on the USCG Certificate of Documentation, or for undocumented vessels, the State Registration.

Check one ☐ INDIVIDUAL or SOLE PROPRIETORSHIP ☐ JOINT OWNERSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER _____

☐ Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY	Area Code	Phone Number

Second Vessel Owner as shown on the USCG Certificate of Documentation or State Registration, or Vessel Lessee.
This section is required only if the vessel is jointly owned and/or if the vessel is leased from the owner.
Photocopy this page if more room is needed.

Check one ☐ INDIVIDUAL or SOLE PROPRIETORSHIP ☐ JOINT OWNERSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER _____

☐ Mailing Recipient - Mark this box if you want this entity to receive all mail concerning this permit; mark only one person

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix - JR,SR,etc.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (Federal Tax ID or SSN)	Date of Birth or Date Business Filed (MM/DD/YYYY	Area Code	Phone Number

1) Please complete section 3 on this page for the Wreckfish Shareholder. If the Wreckfish Shareholder is a business, enter the Federal ID number and date the business was filed. If the owner is an individual, enter the Social Security Number and date of birth.
2) Complete the bottom part of section 3 for a joint shareholder owner if the shares are jointly held by more than one person.

3. WRECKFISH SHAREHOLDER INFORMATION

Shareholder's Certificate Number

First Wreckfish Shareholder

Mr/Mrs/Ms | **Last Name or Name of Business** | **First Name** | **Middle Name** | **Suffix - JR,SR,etc.**

Mailing Address | **Apt/Suite #** | **City** | **State** | **County/parish** | **Zip Code** | **Country**

Physical Address | **Apt/Suite #** | **City** | **State** | **County/parish** | **Zip Code** | **Country**

☐ Check box if same as Mailing Address

Tax ID # (Federal Tax ID or SSN) | **Date of Birth or Date Business Filed (MM/DD/YYYY** | **Area Code** | **Phone Number**

Second Wreckfish Shareholder

Mr/Mrs/Ms | **Last Name or Name of Business** | **First Name** | **Middle Name** | **Suffix - JR,SR,etc.**

Mailing Address | **Apt/Suite #** | **City** | **State** | **County/parish** | **Zip Code** | **Country**

Physical Address | **Apt/Suite #** | **City** | **State** | **County/parish** | **Zip Code** | **Country**

☐ Check box if same as Mailing Address

Tax ID # (Federal Tax ID or SSN) | **Date of Birth or Date Business Filed (MM/DD/YYYY** | **Area Code** | **Phone Number**

4. OFFICER/SHAREHOLDER INFORMATION FOR WRECKFISH SHAREHOLDERS

Please copy this page as needed to provide information on all persons or businesses that own or lease this vessel.

If this shareholder's certificate is owned by a business, then complete this section for each officer or partner associated with the business. You must provide the information for all officers that are shown on your most recent annual report. If your business is structured as a corporation, you are required to identify all shareholders that own at least 1% of the shares, as well as the percentage of all shares in the corporation held by each shareholder.Please mark the box indicating there are minor shareholders if you have shareholders that individually hold less than 1% of thshares of the company. The total of all entries must be 100 percent unless you have minor shareholders.

Business name: _____ Federal Tax ID # _____

All individuals associated with the above-named vessel owner or lessee must be included in this application. Photocopy this page or attach additional sheets as necessary to list all officers, directors, shareholders, and registered agents of the business. Provide their name, Social Security Numbers, address, phone number, date of birth, and position held in business.

Position held - check ALL that apply

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

Percent (%) of Corporation Held _____

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (SSN)	Date of Birth	Area Code	Phone Number

Position held - check ALL that apply

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

Percent (%) of Corporation Held _____

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - JR,SR,etc.

Mailing Address	Apt/Suite #	City	State	County/parish	Zip Code	Country

Physical Address	Apt/Suite #	City	State	County/parish	Zip Code	Country
☐ Check box if same as Mailing Address						

Tax ID # (SSN)	Date of Birth	Area Code	Phone Number

☐ MINOR SHAREHOLDERS - Check here if one or more shareholders individually holds shares that is less than 1% of the total shares of the company.

☐ TOTAL PERCENTAGE (%) of the company shares held by minor shareholder(s)

SECTION 5. CERTIFICATION AND SIGNATURE OF APPLICANT. If the wreckfish shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor or agent of the shareholder.

Shareholder's Signature _____ Date _____

Print Name _____

INSTRUCTIONS

For a person aboard a vessel to fish for and possess wreckfish in federal waters of the South Atlantic, a commercial vessel permit for wreckfish must be issued to the vessel. To obtain a wreckfish permit, one must be a wreckfish individual transferable quota (ITQ) shareholder, an employee, agent or contractor to a wreckfish shareholder. The ITQ program requires that all wreckfish must be sold to a commercial dealer with a wreckfish dealer permit. Anyone operating under the ITQ program would also be required to have a federal commercial permit for South Atlantic snapper-grouper to be able to harvest wreckfish in excess of the bag limit and to sell wreckfish. If a person has a wreckfish permit, but no commercial permit for South Atlantic snapper-grouper species, that person cannot sell wreckfish and must adhere to the aggregate snapper-grouper bag limit, which includes wreckfish**.**

General Instructions:

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, and to consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. (Incomplete or illegible applications will be returned.)

1. Complete all applicable sections of this application form. Incomplete or illegible applications will be returned. Applications should be typed, or hand printed and should be filled out in ink.

2. The application fee is **$50** and is **non-refundable**. A check or money order payable to the **U.S. TREASURY** must accompany each application. The fee for a duplicate is $18.00.

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.** Questions may be telephoned to our toll free number at (877) 376-4877 or 727/824-5326 between 8 am - 4:30pm ET. If you would like your permit and associated documents returned to you overnight upon completion of processing, enclose a completed, pre-paid FEDERAL EXPRESS air bill, complete with your street delivery address (FEDEX does not deliver to PO Boxes), telephone number, and your FEDEX account number or major credit card number with the expiration date. Please note, using the prepaid overnight delivery option does not expedite permit processing, it can only expedite delivery upon completion of processing.

APPLICATION SECTION 1: Unless otherwise exempted by the application form, complete **all** portions of Section 1. Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation; or if not documented, the state registration certificate.

APPLICATION SECTION 2: Enter the information of the person(s)/business shown as the owner on the U.S. Coast Guard Certificate of Documentation or, if not documented, from the state registration certificate. If there is more than one vessel owner shown on the USCG documentation or the vessel is titled to more than one person, provide the required information for all listed owners. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all vessel owners and lessees.

If the owner is an individual, provide the owner's date of birth and enter the individual's taxpayer ID information (Social Security Number). If the owner is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

APPLICATION SECTION 3: Enter the information of the person(s)/business that is the Wreckfish Shareholder. All information is required. If the shareholder is an individual, provide the shareholder's date of birth and enter the Social Security Number (taxpayer ID information). If more than one person holds the shares jointly, provide all information for all additional shareholders. If the shareholder is a corporation or partnership, provide the date that the corporation was filed or the partnership was formed and the company's Federal Tax ID number (taxpayer ID information). If corporations are in an INACTIVE status, permits will not be issued.

APPLICATION SECTION 4: If the application is for shares that are owned by corporation, partnership, or other business entity, then information on the wreckfish shareholder's officers/ company shareholders is required. Information on all officers/ company shareholders associated with the wreckfish shareholder is required. If additional space is needed, please photocopy the blank page as many times as is necessary to provide information on all officers/shareholders associated with the vessel owners and lessees.

APPLICATION SECTION 5: The application must be signed and dated by the wreckfish shareholder. For corporate owned shares, an officer or shareholder of the company must sign and date the application.

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/SER2, 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. Confidential 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.