

# FEDERAL PERMIT APPLICATION FOR SOUTHEAST REGION ISSUED OPERATOR CARD

OMB No. 0648-0205 Form Approval Expires: 08/31/2011

PAPERCLIP  
PASSPORT STYLE  
PHOTOS HERE. NO  
STAPLES, GLUE OR  
TAPE.

**REQUIRED FOR SOUTH ATLANTIC ROCK SHRIMP  
AND/OR ATLANTIC DOLPHIN WAHOO**

**U.S. DEPT OF COMMERCE, NOAA**  
NMFS PERMITS BRANCH, F/SER1  
263 13th Avenue South  
St. Petersburg, FL 33701  
727/824-5326 (8 am - 4:30 pm ET)  
1-877-376-4877 Toll Free  
<http://sero.nmfs.noaa.gov>



Check or Money Order Number:	
Reviewer Initials and Date	
Expiration Date:	

FOR OFFICE USE ONLY

FEE: \$50.00

**GENERAL INSTRUCTIONS:** Operator cards are required by the operator of a commercial vessel or charter/headboat fishing for Atlantic Dolphin and/or Wahoo, or by the operator of a commercial vessel fishing for South Atlantic Rock Shrimp. Applications must be legible, illegible applications will be returned. Fees are payable by check or money order to the U.S. Treasury. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAYS OR DENIAL OF AN OPERATOR CARD.

**APPLICATION INSTRUCTIONS:** All blanks in section 1 must be filled in. Use section 2 only if you have a mailing address that is different from the street address required in section 1. Information is required for all categories in section 3 including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions.

**You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size.**

The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue or tape the photos to the application. You must provide your social security number.

## 1. VESSEL OPERATOR (CARD OWNER) INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	Suffix (Sr., Jr. II, etc)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)

CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>

## 2. MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1

MAILING ADDRESS	CITY	STATE	COUNTY	ZIP CODE	COUNTRY
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>

## 3. IDENTIFYING INFORMATION

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTH PLACE (CITY, STATE, COUNTRY)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

SEX	EYE COLOR	HAIR COLOR	WEIGHT (LBS)	HEIGHT (FEET - INCHES)
<input type="checkbox"/> MALE	<input type="checkbox"/> BROWN	<input type="checkbox"/> BROWN	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLUE	<input type="checkbox"/> BLACK	If you are clean shaven or balding, indicate your actual hair color	
	<input type="checkbox"/> GREY	<input type="checkbox"/> BLONDE		
	<input type="checkbox"/> GREEN	<input type="checkbox"/> RED		
	<input type="checkbox"/> HAZEL	<input type="checkbox"/> GREY		
	<input type="checkbox"/> Other	<input type="checkbox"/> WHITE	AREA CODE	TELEPHONE NUMBER
		<input type="checkbox"/> Other	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>

## 4. SIGNATURE

Applicant Signature	Print Name	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Public reporting burden for this collection of information is estimated to average 1 hour 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 Carolyn Sramek, National Marine Fisheries Service, F/SER1, 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. 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.