

**FEDERAL PERMIT APPLICATION FOR VESSELS
FISHING IN THE EEZ FOR GULF OF MEXICO SHRIMP**

U.S. DEPARTMENT OF COMMERCE
NOAA FISHERIES PERMITS TEAM, F/SER2
9721 Executive Center Drive N
St. Petersburg, FL 33702
727/570-5326 (8 am – 4:30 pm EST)
<http://sero.nmfs.noaa.gov>

OMB No. 0648-0205
Approval Expires 10/31/2006



| FOR OFFICE USE ONLY |
|---------------------------|
| Check/money order #: |
| Reviewer's Initials/Date: |
| Violation Date: |
| Violation Cleared Date: |
| Expiration Date: |

VESSEL INSTRUCTION

1. In filing out the information below, most applicable vessel/gear information can be found on the U. S. Coast Guard Documentation or state registration for the vessel. A current copy of the Coast Guard Documentation and/or state registration must be provided.
2. The application fee is \$50. A non-refundable check or money order made payable to the U. S. Treasury must accompany the application.
3. Please print legibly or type. An incomplete or illegible application will be returned.

SECTION 1 VESSEL AND GEAR INFORMATION (Coast Guard Documentation land/or state registration must be provided)

| | | | | | |
|---|----------------------|---------------------------------|--|----------------------|---|
| CG Doc or State Registration No (official number) | | Vessel name | | | Hull ID Number |
| <input type="text"/> | | <input type="text"/> | | | <input type="text"/> |
| Year Built | Length (ft) | Horsepower | Gross tons | Net Tons | Fish Hold Capacity (tons) (not pounds) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hull Type | Fuel Type | Fuel Capacity (gallons only) | Home Port | Home Port State | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| How do you store your shrimp on board the vessel? Freezer or ice | | | How do you harvest your shrimp? Shrimp trawl or other type of harvesting gear | | |
| <input type="text"/> | | | <input type="text"/> | | |

VESSEL OWNER/LESSEE INSTRUCTIONS

1. Enter the information of the person as the "owner" on the vessel's Coast Guard Documentation or, if not documented, on the state registration certificate. If the person shown, as the "owner" is a corporation or partnership, enter the Federal ID number and date the corporation was filed or partnership was formed. If the "owner" is an individual, enter the Social Security Number (SSN). If the vessel is corporately owned, a copy of the Articles of Incorporation (for new owners) and a copy of the most current annual business report must be submitted. An inactive corporation will not be issued a permit.
2. By placing an "X" in the Mailing Recipient block, this indicates who you select to receive the permit and all related information.
3. If the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the vessel owner (i.e. as stated on the Coast Guard Documentation or state registration), you must submit information on each lessee, as well as a copy of current lease agreement with beginning and ending dates. If such lease or written agreement exists, the lessee is the owner for the purposes of the permit. The lease must be signed by all parties.

| | | | | | | | | | |
|--|---|---|---|---|---|---|--|--|--|
| <input type="checkbox"/> Mailing Recipient Relationship (owner or lessee) <input style="width: 100px;" type="text"/> | | | | | Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation | | | | |
| Last | First | Middle | Prefix Name | Suffix Name | | | | | |
| <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"/> | | | | | |
| Mailing Address | | | City | County | State | Zip Code | | | |
| <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"/> | | | |
| SSN/Federal ID # | Date of Birth/Corporation filed | Telephone | Lease Start Date | Lease Expiration Date | | | | | |
| <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"/> | | | | | |

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|--|---|---|---|---|---|---|--|--|--|
| <input type="checkbox"/> Mailing Recipient Relationship (owner or lessee) <input style="width: 100px;" type="text"/> | | | | | Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation | | | | |
| Last | First Name | Middle | Prefix Name | Suffix Name | | | | | |
| <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"/> | | | | | |
| Mailing Address | | | City | County | State | Zip Code | | | |
| <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"/> | | | |
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| <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"/> | | | | | |

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| Last | First | Middle | Prefix Name | Suffix Name | | | | | |
| <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"/> | | | | | |
| Mailing Address | | | City | County | State | Zip Code | | | |
| <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"/> | | | |
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| <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"/> | | | | | |

SIGNATURE (The application must be signed and dated)

The undersigned certifies that he/she meets all applicable requirements for the requested permit.

Owner's/Lessee's/Shareholder's Signature

Position (If owner/lessee is corporation or partnership)

Date

Officer/Shareholder Information:

Company name

Owner or lessee for vessel

Federal ID#

1. All individuals associated with the above-named company must be included in this application. Attach additional sheets as necessary to list all officers, directors, shareholders and registered agents of the coporation. Provide names, addresses, phone numbers, date of birth, and position held in corporation.

| | | | | | |
|--------------------------|----------------------|----------------------|----------------------|---------------------------------------|--|
| Position Held in Company | | | | | |
| <input type="text"/> | | | | | |
| Mr./Mrs./Ms. | Last | First | Middle | Suffix Name (e.g. Jr., Sr., III, etc) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street | | | Area Code/Telephone | | |
| <input type="text"/> | | | <input type="text"/> | | |
| City | County | State | Zip Code | Date of Birth | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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|--------------------------|----------------------|----------------------|----------------------|---------------------------------------|--|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street | | | Area Code/Telephone | | |
| <input type="text"/> | | | <input type="text"/> | | |
| City | County | State | Zip Code | Date of Birth | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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|--------------------------|----------------------|----------------------|----------------------|---------------------------------------|--|
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| Mr./Mrs./Ms. | Last | First | Middle | Suffix Name (e.g. Jr., Sr., III, etc) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street | | | Area Code/Telephone | | |
| <input type="text"/> | | | <input type="text"/> | | |
| City | County | State | Zip Code | Date of Birth | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |