

Instructions for the Federal Permit Application for Vessels Fishing in the Colombian Treaty Waters

Rev 09/12/2024

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 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at *https://www.fisheries.noaa.gov/permits-and-forms*.

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 form. All application fields should be typed or printed in ink. Specifically,
All applicants must fill out Section 1, and Section 2 and/or Section 3.
If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more <u>individuals</u> fill out Section 3.
If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
If the vessel is <u>leased</u> and the permit(s) will be issued to the lessee(s), complete Section 5.
If the vessel is <u>owned</u> by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that own the vessel.
If the vessel is <u>leased</u> by a business which is owned by another business, in addition to completing Section 5, complete Section 6. In Section 6, provide information about all businesses that are parent companies of businesses that lease the vessel.
If the vessel is owned or leased by a business, provide information about all individuals that are owners and/or officers of businesses listed in Section 4, Section 5b, and/or Section 6.
Complete Section 8 if the any owners of the businesses listed in Section 4, Section 5, or Section 6 hold an ownership percentage less than 1%. This is not common.
All applicants must fill out Section 9.
What is the fee?
here is no fee for a Colombian Treaty Water permit
Where do I send the application?
Mail the complete application, payment, and all required supporting documentation to: National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701. To receive permits via overnight carrier, enclose completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite termit processing; it only expedites delivery of your completed permit package.
What about reporting compliance?
IMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have seen met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

8276.5 kHz between 8:00 a.m. and 12 noon, local time (1300-1700, Greenwich mean time) Monday through Friday.

Catch and effort reports. Each vessel of the United States must report its catch and effort on each trip into treaty waters to the Science and Research Director on a form available from the Science and Research Director. These forms must

Arrival and departure reports. The operator of each vessel of the United States for which a certificate and permit have been issued under §300.123 must report by radio to the Port Captain, San Andres Island, voice radio call sign "Capitania de San Andres," the vessel's arrival in and departure from treaty waters. Radio reports must be made on 8222.0 kHz or

to the Science and Research Director on a form available from the Science and Research Director. These forms must be submitted to the Science and Research Director so as to be received no later than 7 days after the end of each fishing trip.

What supporting documentation do I need?



Documentation or state registration: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.



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. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

Lease Agreement: Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.



APPLICATION SECTION 1 – Vessel Information

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 the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder.
 Most HINs are shown on the state registration or USCG documentation.



APPLICATION SECTION 2 Vessel intentions

Provide the following information. Attach additional documentation if necessary:

- Principal port of landing for fish to be taken from the Colombian Treaty Waters
- Primary species of fish o be taken from the Colombian Treaty Waters
- Primary gear to be used in to be taken from the Colombian Treaty Waters



APPLICATION SECTION 3 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, complete Section 4 for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy **Section 3** as necessary to provide information for all individuals that own the vessel.

- For each owner, provide the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, email address, physical and mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- An Email address is required in order to approve and issue permits.



APPLICATION SECTION 4 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section 4a for a single business owner. Also fill out Section 4b if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, email address, 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).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- An Email address is required in order to approve and issue permits.

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APPLICATION SECTION 5 – LEASE Information

If the vessel is leased by one or more individuals, fill out section **5A**. Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee's full name, Individual Tax ID number (SSN), date of birth, phone number, email address, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- An Email address is required in order to approve and issue permits.
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, email address, physical address, 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.
- An Email address is required in order to approve and issue permits.
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- 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_fag/index.html

<u>A SPECIAL NOTE ABOUT LEASES:</u> There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 6 - Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees listed in section 4a, 4b, or 5b. 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 business, provide the business's full name, Federal Employer 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.
- 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 a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 4 and Company B in section 6.



APPLICATION SECTION 7 -Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners or lessees, as listed in section 4a, 4b, 5b, or 6. 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, Individual 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.
- If a business listed in Section 4a, 4b, 5b, or 6 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% in section 7c.

Example: If a vessel's USCG documentation indicates that the vessel 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 7 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 8 – Small Business or Organization Certification

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.



<u>APPLICATION SECTION 9 – SIGNATURE FOR APPLICATION</u>

If the vessel is leased, a lessee or a lessee's representative must sign the application as the applicant. If the vessel is not leased, a vessel owner or an owner's representative must sign the application as the applicant.

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 Burden Statement - A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

Privacy Act Statement - Authority: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C 1801 et seq.), the High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific

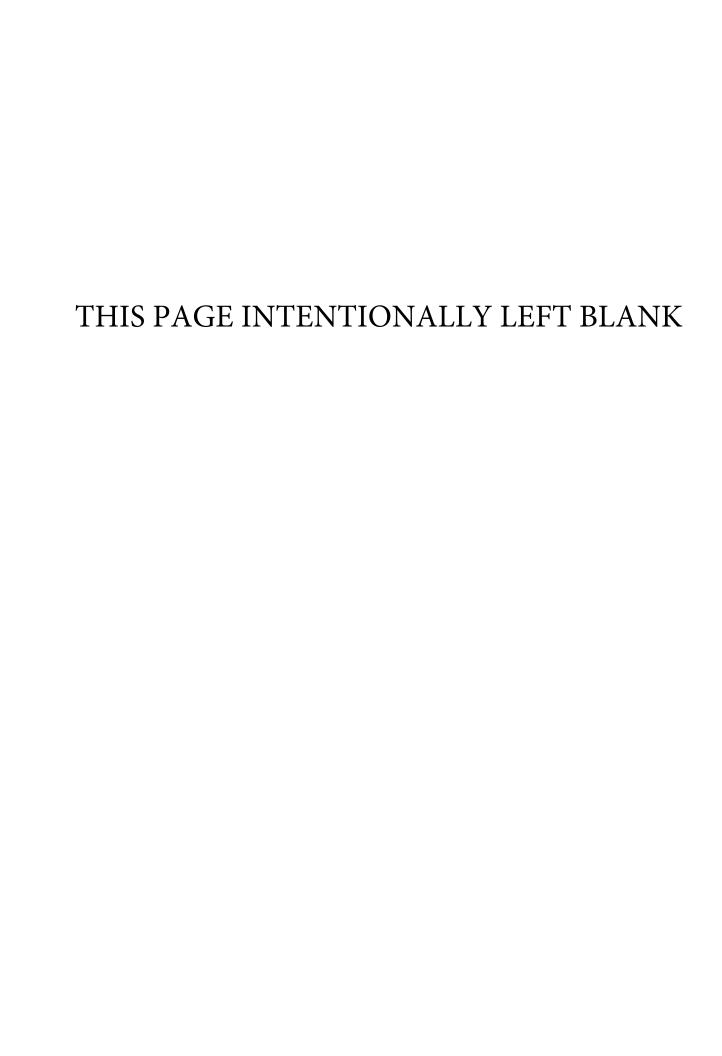
Privacy Act Statement (continued) Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. The authority for the mandatory collection of the Tax Identification Number (TIN) is 31 U.S.C. 7701.

Purpose: In order to manage U.S. fisheries, the National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable state or regional marine fisheries commissions and international organizations. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

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, and 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.



OMB No. 0648-0205 Form Approval Expires: 06/30/2027

U.S. Department of Commerce, NOAA

NMFS PERMITS OFFICE, F/SER14

263 13th Avenue South
St. Petersburg, FL 33701

Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)

727-824-5326 (9:00 a.m. - 4:00 p.m. ET)

https://www.fisheries.noaa.gov/permits-and-forms



FEDERAL PERMIT/CERTIFICATE APPLICATION TO FISH IN COLOMBIAN TREATY WATERS

FOR OFFICE USE O	ONLY
Reviewer's Initials and Date	
Sanction Case Number IF Sanctioned	
Expiration Date	
Coast Guard (USCG) Certificate of D	ocumentation. Do not

FOR OFFICE USE ONLY

Application ID

SECTION 1	VESSEL INFORMATION	ON		
USCG Documentation Number	Year Built	Length (ft)	Total Horsepower	
Vessel Name	Name of Company That Built the Vessel			
Hull Color Superstructure Color International Radio Call Sign	Crew Size-Including ALL APPLICANTS—HOLD How many pounds of pro a full hold or fish boxes (ii	or FISH BOX CAPACITY:		
Hull Identification or IMO Number	Hull Material FIBERGLASS	Fuel Data DIESEL	Product Storage (check all that apply)	
Hailing Port City Hailing Port County Or Parish Hailing Port State Gross Tons Net Tons	WOOD STEEL ALUMINUM OTHER (DESCRIBE)	GASOLINE OTHER (DESCRIBE) Fuel Capacity - Total Gallons	ON ICE IN HOLD FISH BOX, ICE CHEST, COOLER, ETC FREEZER LIVE WELL	
SECTION 2 Principal Port Of Landing Of Fish To Be Taken From Colomb	: - VESSEL INTENTION	S		
Primary Species Of Fish To Be Taken From Colombian Treat	•			

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	SECTION 2 -	INDIVID	OUAL VESSEL OW	NER(S) II	NFORMATION			
Regi	ion 4a: Primary or Sole Owner: Complete this stration or title as the registered owner of the v	essel. <u>Sel</u>	ect only ONE mailing	<u>recipient.</u>			•	
/ΙΑΙ	LING RECIPIENT - By Default, All mail about th	s permit v	will go to the individ	ual listed ir	Section this Sec	tion unless t	he vessel is lease	d.
	REQUIRED INFORMATION - Permits can	not be iss	sued without this in	formation.				
	Is this individual a United States Citizen or permanent resident alien?	s 1	NO					
	Last Name	First N	lame		Middle Name	Suff	fix - Jr, Sr, etc.	
	If you are operating under a different name, what is your Doing Business As (DBA) name?							
	Individual Tax ID Number (SSN)	Date of I	Birth (MM/DD/YYYY) Area C	ode Phone Nu	mber		
	Email Address							
	Mailing Address	Apt #	City	State	County/Parish	Zip Code	Country	
	Check box if the Physical Address is the sa	ame as the	e mailing address.					
	Physical Address (PO Box not acceptable)	Apt #	City	State	County/Parish	Zip Code	Country	
	DEMOGRAPHIC INFORMATION: NMFS any inequities based on the sex, race, or et graphic information for each owner or office Submission of the requested information is	hnicity of er listed o	its permit applican n the permit applic	ts. The ap	o <i>licant(s) should</i> ther information	<i>I submit the</i> needed for	requested demo	o- ask.
	What is this individual's Sex? Male	emale						
	What is this individual's race or ethnicity? Mark all Asian	Am	ck or African America	ka Native	H	awaiian or P	acific Islander	-
	that apply Asian	Mic	ddle Eastern or Nortl	n African				

If there are additional individual vessel owners listed on the vessel's USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

SECTION 3 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 5a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. **NOTE—MAILING RECIPIENT** - By default, All mail about this permit will go to the business listed in Section 5a unless the vessel is leased.

e of liness:	S Corporation C Corporation	Cooperative Limited Liabi		OtherPartnership	the la	this Business pro lws of the United e United States?	perly establis States or an	y state YE
COMPL	LETE Registered Na	me of Business		State wh	ere the Bus	iness is originally	registered	
Federal	Employer Tax ID N	umber (FEIN)	Date Busir	ness Formed (MM/	DD/YYYY)	Area Code P	hone Numbe	r
	·			<u></u>				
Email A	ddress							
Mailing	g Address		Apt #	City	State	County/Parish	Zin Code	Country
	, rtuur ess						2.6 coac	
Che	eck box if the Physic	cal Address is the s	ame as the	mailing address.				
	I Address (PO Box n		Apt #	_	State	County/Parish	Zip Code	Country
ection 5 tle as tl	5b: Joint Owner: Co the registered joint o	omplete this sectio owner of the vesse	n if there is	another business s	shown on th	ne USCG Docume	ntation, Stat	e Registration or
REQU of ess:	S Corporation C Corporation	Cooperative Limited Liabi	annot be is	sued without this i Other Partnership	information Was t the la of the	his Business pro ws of the United United States?	perly establis States or an	hed by YES
REQU of ess:	IRED INFORMAT S Corporation	Cooperative Limited Liabi	annot be is	sued without this i Other Partnership	information Was t the la of the	his Business pro ws of the United	perly establis States or an	hed by YES
REQU of ess: COMPL	S Corporation C Corporation	Cooperative Limited Liabi	annot be is	sued without this i Other Partnership	information Was t the la of the	his Business proj ws of the United United States? iness is originally	perly establis States or an	hed by YES y state NO
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REQU of [COMPL Federal Email Ac Mailing	IRED INFORMAT S Corporation C Corporation LETE Registered Nar Employer Tax ID No ddress	Cooperative Limited Liabi me of Business umber (FEIN)	Date Busin	State where services in the state of the state where services in the state where services in the state where services in the state of the state where services in the state of	information Was t the la of the ere the Busi	his Business pro ws of the United United States? iness is originally Area Code Ph	perly establis States or an registered none Number	hed by YES
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If there are additional Business vessel owners listed on the vessel's USCG Certificate of Documentation, State Vessel Registration or Vessel Title, copy this page and provide the information for each additional vessel owner.

SECTION 4A - LEASE INFORMATION—INDIVIDUAL OR JOINT INDIVIDUAL LESSEE

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

REQUIRED INFORMATION	<u>)N</u> - Permits can	not be iss	sued without this infor	mation.			
Is this individual a United States or permanent resident alien?	S Citizen YES	N	10				
Last Name		First N	ame		Middle Name	Su	uffix - Jr, Sr, etc.
If you are operating under a what is your Doing Business							
Individual Tax ID Number (S	SN)	Date of E	Birth (MM/DD/YYYY)	Area C	ode Phone Nu	ımber	
Email Address							
Mailing Address		Apt #	City	State	County/Parish	Zip Code	Country
		1					
Check box if the Physica			· ·	. .	County (Double	7:- 61-	C arrantonia
Physical Address (PO Box no	т ассертавіе)	Apt #	City	State	County/Parish	Zip Code	Country
DEMOGRAPHIC INFORMA any inequities based on the graphic information for each Submission of the requester	sex, race, or eth owner or officer	nicity of i listed on	ts permit applicants. the permit application	The <i>app</i> <i>n to</i> gat	<i>licant(s) should</i> her information	<i>submit th</i> needed fo	e requested demo or this important ta
What is this individual's Sex?	Male Fen	nale					
		Black	k or African American		Native Ha	waiian or	Pacific Islander
What is this							

If there are additional individual vessel lessees, copy this page and provide the information for each additional vessel lessee.

A note about leasing vessels—If the vessel owner already has permits issued by our office assigned to this vessel and leases the vessel to a different permit holder to assign a one or more different permits to the vessel, those permits held by the vessel owner WILL NOT BE VALID for fishing.

SECTION 4B - LEASE INFORMATION—BUSINESS LESSEE

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

MAILING RECIPIENT - Because the vessel is leased to a business, all mail about this permit will go to the Business listed in this section.

Lease start dat	e:	Lease end date:			
REQUIRED INFORMATION - Permits Type of business: C Corporation Limited Li	ve Other	Was the la	this Business pro ws of the United United States?	perly establis I States or an	shed by YES y state NO
Federal Employer Tax ID Number (FEIN)	Date Business Form	State where the Bus ed (MM/DD/YYYY)		registered	r
Mailing Address Check box if the Physical Address is the Physical Address (BO Roy not accontable)	J	State ddress.	County/Parish County/Parish		Country
Physical Address (PO Box not acceptable)	Apt # City	State	County/Parish	zip code	Country

A note about leasing vessels—If the vessel owner already has permits issued by our office assigned to this vessel and leases the vessel to a different permit holder to assign a one or more different permits to the vessel, those permits held by the vessel owner WILL NOT BE VALID for fishing.

SECTION 5 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and/or 6b. Copy this section as needed.

Registered Name of Business Federal Employer Tax ID Number (FEIN) Date Business Formed (MM/DD/YYYY) Area Code Phone Number Email Address 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]
Email Address Mailing Address Apt # City State County/Parish Zip Code Country Check box if the Physical Address is the same as the mailing address.]
Mailing Address Apt # City State County/Parish Zip Code Country Check box if the Physical Address is the same as the mailing address.]
Mailing Address Apt # City State County/Parish Zip Code Country Check box if the Physical Address is the same as the mailing address.]
Check box if the Physical Address is the same as the mailing address.	
	J
	,
REQUIRED INFORMATION - Permits cannot be issued without this information.	
Type of business: Cooperative Other Was this Business properly established by the laws of the United States or any state	'ES NO
Registered Name of Business	
Federal Employer Tax ID Number (FEIN) Date Business Formed (MM/DD/YYYY) Area Code Phone Number]
Email Address]
Mailing Address Apt # City State County/Parish Zip Code Country]
Check box if the Physical Address is the same as the mailing address.	J
Physical Address (PO Box not acceptable) Apt # City State County/Parish Zip Code Country	1

The officers and/or shareholders for each business must be provided by completing section 8 of this application.

SECTION 6 - BUSINESS OFFICERS AND BUSINESS OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 5a, 5b, 6b, and 7.

REQUIRED INFORMATION - Permits cannot be issued with	out this information.
Business for which this individual is an officer/owner of:	
Position Held - Check ALL That Apply President/CEO Vice President Secretary Trea Percent of Business Owned:	surer Director/ Manager Shareholder Other
Is this individual a United States Citizen or permanent resident alien?	
Last Name First Name	Middle Name Suffix - Jr, Sr, etc.
If you are operating under a different name, what is your Doing Business As (DBA) name?	
Individual Tax ID Number (SSN) Date of Birth (MN	A/DD/YYYY) Area Code Phone Number
Email Address	
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
any inequities based on the sex, race, or ethnicity of its perm graphic information for each owner or officer listed on the per Submission of the requested information is voluntary. Demog What is this individual's Sex? Male Female What is this individual's White Black or African individual's race or ethnicity? Hispanic or Latino American Inc.	conitoring its review and issuance processes to identify and address it applicants. The applicant(s) should submit the requested demormit application to gather information needed for this important task. Irraphic data will not be used to determine whether to issue a permit. Can American Native Hawaiian or Pacific Islander Cian or Alaska Native Other Other
SECTION 7 - OWNER INFORMATION FOR UN	NAMED MINOR SHAREHOLDERS OF BUSINESSES
	R business) holds shares that are less than 1% of the total business shares.

The total percentage of ownership of the business MUST equal 100%. If there are additional officers and /or shareholders, copy this page and provide the information for each additional officer/shareholder.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

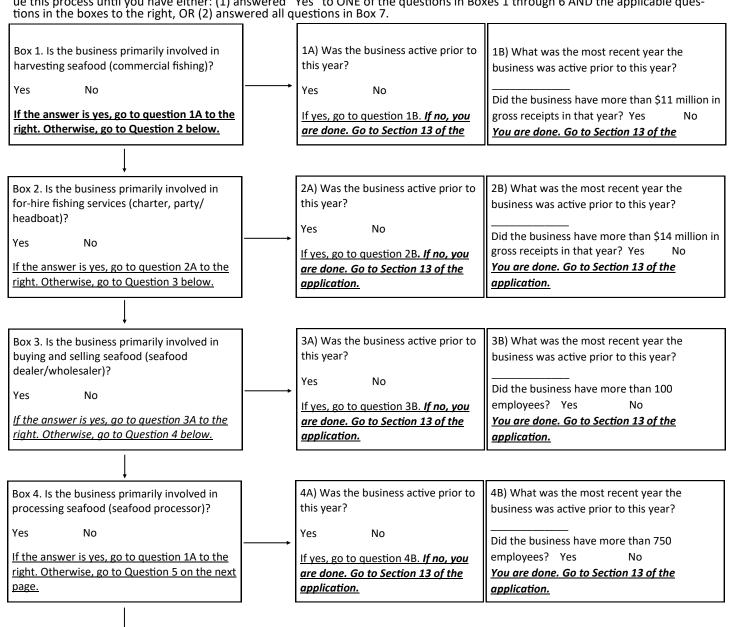
ALL applicants must complete this section

Next page

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s), or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), ororganization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

Information needed to complete this section: Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.

How to fill out the form: Start with Box 1. If the answer to the question in Box 1 is "Yes," check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.



SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION (Continued from previous page)

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization? Yes No If the answer is yes, go to question 5A to the right. Otherwise, go to Question 6 below.	5A) Was the organization active prior to this year? Yes No If yes, go to question 5B. If no, you are done. Go to Section 13 of the application.	5B) What was the most recent year the organization was active prior to this year? ———————————————————————————————————
ls 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
If you are here, you have answered NO to Quest there.	tions 1 thru 5. If you answered one of those quest	tions YES, return to that question and finish
there.		
6)		
	involved in another industry not related to fishing	
	s (see https://www.sba.gov/document/supportt	table-size-standards) and enter the NAICS code
for your primary activity here:		
Based on the applicable SBA size standard, chec	ck the appropriate box to indicate if the business of	or organization is Large or Small and
report the year on which that conclusion was b	ased.	
Lorgo Cmall Vo	ar: You are done. Go to Secti	on 13 of the amplication
Large Small Ye	ar: <u>You are done. Go to Secti</u>	on 13 of the application.
SECTION	N 9 - SIGNATURE FOR APPLICATION - RE	OLUBED
3201101	V 5 - SIGNATORE FOR AFFEICATION - RE	QUINED
18 USC 1001, 16 USC 1857). Further, the up	perjury that the foregoing information is trundersigned certifies that if a spiny lobster tail aters on trips of up to 48 hours or more and totain quality product.	ing permit is requested, the applicant
Section 6a, or an officer or shareholder of t	is leased, the applicant who signs below mu the lessee as listed in Section 7b, with that in the applicant must be an individual named as on 8.	idividuals information listed in section 8. If
Applicant Signature	Date	
(Vessel Owner from Section 4,		
Company Officer Shareholder from Section 8,		
OR Lessee From Section 6)		
Print Name		

Position in Business (Officer or Shareholder