IMPORTANT UPDATES AND INFORMATION - PLEASE READ!

- As of September 1, 2021, you should now submit applications for new permits, transfers and renewals on line. You can submit and view your application, resolve any deficiencies, and even download for printing your open access permits. It is fast and easy, and in many cases you can submit your required information, documents, and application fees in minutes.
- ➤ PLEASE NOTE: Any user name or account created BEFORE 09/01/2021 is no longer valid.
- ➤ Only accounts created on or after 09/01/2021 will be allowed access to the new SERO On-Line Permitting System.
- ➤ Beginning 02/01/2022 the permits office NO LONGER accepts checks or money orders as payment for application fees. You are REQUIRED to make your payments through your on line account.
- ➤ Beginning 02/01/2022 The permits office no longer has an operational Fax Machine or Fax Line and will not be accepting supporting documents by fax. Supporting documents will only be accepted through your on line account or via mail, attention to your on-line application ID number.
- ➤ To Create a new account or sign into your existing account that was created after 09/01/2021, go to: go.usa.gov/xF7Cu

IF you choose to mail a paper application to our office, your application will be scanned and converted to a digital version and processed as an on-line application. Please be aware, you are still required to have an on-line account to complete your application payment. If you mail your application, you may only make your payment through your on line account once your paper application is converted, processed and found to have no payment and a deficiency email sent to you.



Instructions for the Federal Permit Application for Annual Dealer Permit

Rev 08/21/2023

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 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 nonrefundable.

The fee to replace one or more permits issued to a dealer is \$18. NMFS will not refund money for denied permits. as described in the table below. Payments must be made through your on line SERO Permits account. DO NOT send payment to our office, it will be returned to you.

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

What about reporting compliance?

All dealers are required to report purchases electronically. Not all electronic reporting programs can run on all operating systems or platforms. New dealers are encouraged to reach out to the appropriate State and Federal Agencies before obtaining a dealer permit to check on operating system compatibility and other requirements. 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 https://grunt.sefsc.noaa.gov/drsr/

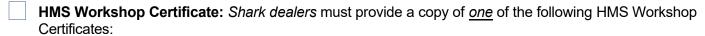
What supporting documentation do I need?



State Wholesale License: Provide a copy of the valid state whole sale license for each state in which the dealership has a facility.



Payment: Payment must be made through your SERO On-Line Permits account. See "What is the Fee" on page 1 of these instructions for more information.



- (A) Valid Dealer Certificate,
- (B) Valid Proxy Certificate from an employee of the dealership, or
- (C) If the dealer's has an <u>expired</u> shark dealer permit, **or** if the dealer has <u>never been issued</u> 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 Tax 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 Individual Tax ID 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.

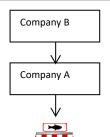
Indicate the fishery and transaction type of the permits requested.

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.



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, 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.

- 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 fag/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, 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.
- 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.

<u>APPLICATION SECTION 6 – Small Business or Organization Certification</u>

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 <u>ALL affiliated businesses</u> 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 7 – SIGNATURE FOR APPLICATION</u>

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 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 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 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 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.

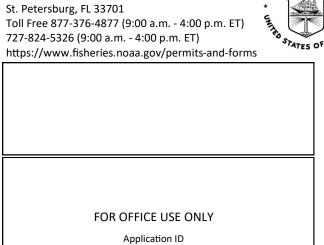
Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

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.

U.S. Department of Commerce, NOAA

NMFS PERMITS OFFICE, F/SER14

263 13th Avenue South



FEDERAL PERMIT APPLICATION FOR AN ANNUAL DEALER PERMIT

	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			
	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 busin formed). The FEIN is the number that was provided to you	less was formed (the date the business was file by the IRS (if applicable).	ed for with the Secretary of St	tate in the state where the business was
SECTION	N 1 - DEALER INFORMATION (PE	RMIT HOLDER)	
Provide the name below as it appears on t	he state wholesale or dealer license	е.	П
1a. Dealer's Name as it appears on the State Wholesale License		Do you name	u use a DBA Yes
If yes, What is the DBA name?	Area Code Phone Number	E-Mail Address (RI	EQUIRED—See Instructions)
If the dealer is a Business:		This Email Address is the sa	me one you will use for reporting purposes.
	ness Formed (MM/DD/YYYY) Was the law	coration Cooperative us Business properly esta vs of the United States o United States?	
If the dealer is an Individual Is this Individual of Hispanic, Latino, or Spanish or What is this individual's White Black or African American	or permanent re	Vhat is this	YES NO Male Female er Pacific Islander
Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.
Individual Tax ID Number (SSN)	Date of Birth (MM/DD/YYYY)		
1.b. REQUIRED—Address Information for e Mailing Address	ither Business Or Individual Dealer Apt # City State		Zip Code Country
Check box if the Physical Address is the sar	ne as the mailing address—OR:		
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)		FEE SCHEDULE
)	Domestic Atlantic Swordfish (SD) (Includes the Gulf of Mexico and the U.S. Caribbean)		1 Permit = \$50.00 2 Permits = \$62.50
-	Atlantic Shark (SK) (Includes the Gulf of Mexico and U.S. Caribbean)		3 permits = \$75.00

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 directly to the permit holder shown in section 1). You
do not need to list facilities where product is received then shipped to the permit holder. Please copy this page as needed to provide information on all facilities where fish
are directly offloaded to the permit holder. If you receive product in different states, you must provide a copy of your valid State Wholesale License for each state.

e names and physical addresses for facilities where produced to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received then shaded to list facilities where product is received the shaded to list facilities where product is received the shaded to list facilities where product is received the shaded to list facilities where product is received the shaded to list facilities where product is received the shaded to list facilities where the shaded to list	nipped to the	permit holder. I	Please copy this page	as needed to pr	ovide information on all facilities when
ectly offloaded to the permit holder. If you receive pro-	duct in differe	nt states, you m	ust provide a copy of	your valid State	Wholesale License for each state.
Check here if a location where you receiv section 1b. If checked, you do not need t	ve product on the contract of	directly from it location he	fishermen is the re.	same as the p	hysical address shown in
1. Facility Name				Area Code	Phone Number
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	ish Zip Code Country
2. Facility Name				Area Code	Phone Number
•					
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	ish Zip Code Country
3. Facility Name				Area Code	Phone Number
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	ish Zip Code Country
4. Facility Name				Area Code	Phone Number
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	sh Zip Code Country
5. Facility Name				Area Code	Phone Number
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	sh Zip Code Country
6. Facility Name				Area Code	Phone Number
Physical Address (PO Box not acceptable)	Apt #	City	State	County/Pari	ish Zip Code Country
injuical radices (1 0 box not acceptable)		City	Jiale		21p 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 Limited Liability Co. Partnershi	the laws of the United States or any state						
Registered Name of Business							
Federal Employer 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 add Physical Address (PO Box not acceptable) Apt # City	ress, OR: State County/Parish Zip Code Country						
Thysical Address (1 o Box Hot deceptable)							
OPTIONAL: Check here if you would you like to receive digital updates	(texts & emails). Provide your digital contact information below.						
	none number and provider:						
Section 4b: Additional Business owner:							
Business for which this business is an owner of:							
Percent of Business Owned:	<u></u>						
Type of S Corporation Cooperative Other	Was this Business properly established by the laws of the United States or any state						
C Corporation Limited Liability Co. Partnershi	p of the United States? NO						
Registered Name of Business							
Federal employer 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 add	ress, OR:						
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	OPTIONAL : Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.						

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 page as needed to provide information on ALL other officers or shareholders that own 1% or more of the business. The ownership must total 100%

President/CEO Vice President Percent of Business Owned:	Secretary Treasurer Is this individual a United Sta	Director/ Manager Shareholder Other Ites citizen or permanent resident YES N
Is this Individual of Hispanic, Latino, or Spanish		What is this individual's Sex? Male Female
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.
Individual Tax ID Number (SSN)	Date of Birth (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 Physical Address (PO Box not acceptable)	e same as the mailing address, OR Apt # City	t: State County/Parish Zip Code Country
OPTIONAL: Check here if you would you	like to receive digital undates (texts &	a emails). Provide your digital contact information below.
Email		mber and provider:
ction 5b: Minor Shareholders: Complete t	his section by providing informatic aler) and/or section 4 (businesses t	on on all individual officers and owners that own less the that own the dealer).

SECTION 6 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

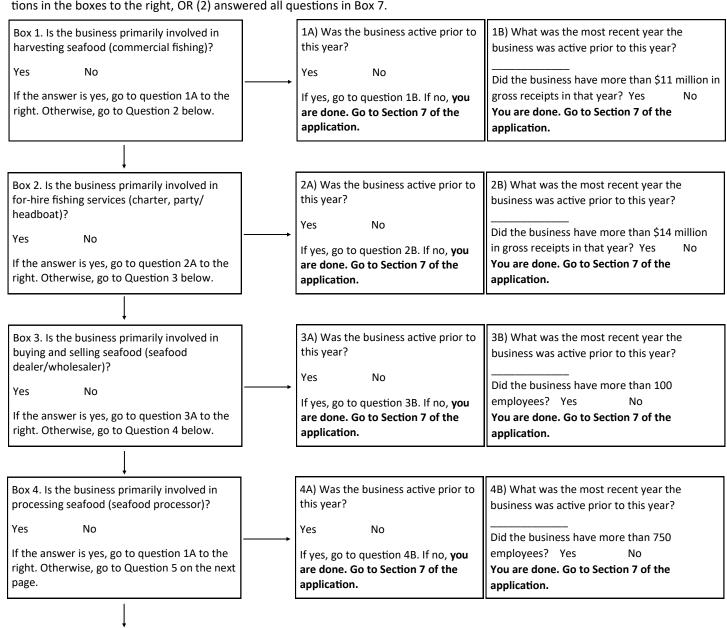
ALL applicants must complete this section

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.

<u>How to fill out the form:</u> 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 6 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION (Continued from previous page)

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional	5A) Was the organization active prior to this year?	5B) What was the most recent year the organization was active prior to this year?		
Non-Profit Organization?	Yes No	 Did the organization have more than \$19.55		
Yes No	If yes, go to question 5B. If no, STOP! You are done.	Million in gross receipts? Yes No STOP! You are done.		
<u> </u>				

6) The busin	ess or organization	n must be primarily involve	ed in another industry not related to fishing or seafood.		
Refer to SBA	's list of North Am	erican Industry Classification	on System (NAICS) codes		
(see https://	(see https://www.sba.gov/document/supporttable-size-standards) and enter the NAICS code for your primary activity here:				
Based on the	applicable SBA si	ze standard, check the app	propriate box to indicate if the business or organization is Large or Small and		
report the ye	ear on which that	conclusion was based.			
Large	Small	Year:	STOP! You are done.		

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 5.

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.