**Qualifications Form for NMFS Permits**

**Instructions:** Please fill out this form and upload to your profile on the [Authorizations and Permits for Protected Species (APPS)](https://apps.nmfs.noaa.gov/) webpage. Please only add 1 form per individual. See examples of completed forms by permit type on our [website](https://www.fisheries.noaa.gov/protected-species-permits?title=&directed_take_permits%5B1000006466%5D=1000006466&sort_by=title).

Persons authorized as the [**Principal Investigator**](https://apps.nmfs.noaa.gov/docs/appendix_II_personnel_def.pdf) (PI) or [**Co-Investigators**](https://apps.nmfs.noaa.gov/docs/appendix_II_personnel_def.pdf) (CI) must demonstrate qualifications commensurate with their duties. **If sufficient experience is not provided, personnel will not be authorized to conduct the proposed activities.**

# 1. Contact Information

All documentation submitted will be publicly available. **DO NOT** include personal information (e.g., social security number, date of birth, home phone).

**Name** (first, middle initial, last):

**Title**:

**Affiliation**:

**Business e-mail address:**

**Business phone number**:

**2. Table 1. Relevant Education**

| **Degree** | **Major/Field of Study** | **Institution and Location** | **Year Received** |
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# 3. Relevant Experience

# Table 2. Relevant Professional History

| **Job Title** | **Role** | **Affiliation** | **Location**  **(City, State, Country)** | **Dates**  **(MM/YY- MM/YY)** |
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# B. Summary of Experience

Please choose Option 1 (Table) **OR** Option 2 (Biosketch). Delete the option not used.

# Option 1- TABLE. In the table below:

1. List **all procedures** that you are requesting to perform **under** **any NMFS permit**. See Appendix 1 for a list of commonly used procedures (e.g., photo-ID, biopsy sampling, suction-cup tagging, dart tagging, capture and handling, UAS pilot).

Do not include procedures for which you have no experience, training or education. Note you may update your Qualifications Form at any time. Only combine procedures in the same row for which you have the same experience metrics.

1. Experience Metrics for each procedure:
   1. To the best of your ability, estimate the number of animals, how long you have been performing the procedure(s) (e.g., hours/months/years), by species and age class.
   2. Most recent year performed.
   3. Select the level of experience:

**Level 1:** I have received education/training in performing this procedure, but have **not successfully performed** the procedure.

**Level 2:** I have performed this procedure while **under supervision or training** of an expert (e.g., PI, CI, or veterinarian).

**Level 3**: I have performed this procedure **without supervision** by a PI/CI.

**Level 4:** I am considered an **expert**in performing this procedure, and I have **supervised or trained** others in performing this procedure.

Table 3. Summary of Experience.

| **Procedures** | **Experience Metrics: Estimated Number of Animals, Hours/Months/Years, Species, and Age Class** | **Most Recent Year Performed** | **Level of Experience** |
| --- | --- | --- | --- |
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# Option 2- BIOSKETCH

Provide a biosketch describing your experience with **all procedures** that you are requesting to perform **under** **any NMFS permit**. See Appendix 1 for a list of commonly used procedures (e.g., photo-ID, biopsy sampling, suction-cup tagging, dart tagging, capture and handling, UAS pilot). To the best of your ability, include experience metrics to **estimate the number of animals by species and age class and how long you have been performing the procedure (e.g., months/years)**.

**Avoid** vague phrases such as “*assisted with,*” or “*participated in,*” which qualify only as Level 1 experience and will not adequately demonstrate your experience performing the procedure if you have Level 2 experience or above. You may use the Level 1-4 categories described in Option 1 to supplement the descriptions of your experience.

**4. Relevant Training, Certificates, or Licenses**

Include additional information to support your qualifications including **specialized training** (e.g., intrusive tagging, biopsy sampling, UAS) and **certificates or licenses** (e.g., diver certification, Federal Aviation Administration certification) received **relevant to the procedures in Table 3 or your Biosketch**. For training, include description of training, year(s) received, and institution or expert who trained you. For certificates or licenses, include year received and expiration date. For UAS pilots, include your total flight hours.

**5. Relevant Peer-reviewed Publication History** (2 pages maximum)

List your **relevant** publication history **to support your qualifications**. This list does not need to be exhaustive, but should demonstrate that you have published and are reasonably likely to publish in peer-reviewed journals, or make results of permitted research available. You may provide a link to a webpage or Google scholar list for your complete publication history.

**6. Relevant Reports and Presentations** (1 page maximum)

List other reports or presentations **to support your qualifications** as described above.

**Appendix 1. Procedures available in APPS, by taxa.**

| **Cetaceans** | **Pinnipeds** | **Sea Turtles** | **Fishes** |
| --- | --- | --- | --- |
| Acoustic, active playback/broadcast | Acoustic, active playback/broadcast | Auditory brainstem response test | Anesthetize (MS-222 or Electronarcosis) |
| Acoustic, passive recording | Acoustic, passive recording | Acoustic deterrent device trial | Borescope |
| Acoustic, sonar for prey mapping | Acoustic, sonar for prey mapping | Bioelectrical impedance analysis | Captive, (breed, maintain, or public display) |
| Auditory brainstem response test | Administer drug, (IM, IV, IP, subcutaneous, topical) | Bycatch reduction experiments | Captive, field studies |
| Capture | Anesthesia, (injectable sedative or gas [cone, mask, intubation]) | Captive, lab experiments | Captive, lab experiments |
| Captive, (maintain or research) | Auditory brainstem response test | Count/survey | Collect eggs or sperm (wild) |
| Collect, remains for predation study | Bioelectrical impedance (subcutaneous or surface) | Epibiota removal | Instrument, external (e.g., VHF, satellite) |
| Collect, sloughed skin | Calipers (skin fold) | Imaging (e.g., MRI, CT, CAT, X-Ray) | Instrument, internal (e.g., VHF, sonic) |
| Count/survey | Captive, maintain | Insert stomach telemeter pill | Laparoscopy |
| Imaging, thermal | Capture | Instrument, drill carapace attachment | Lavage, gastric |
| Insert ingestible telemeter pill | Cognitive studies | Instrument, epoxy attachment (e.g., satellite tag, VHF tag) | Mark, (Carlin dangler, Floy T-bar, bovine/DNA, coded wire, dart, disk anchor, elastomer, or OTC) |
| Instrument, belt/harness | Collect, (molt, scat, spew, urine) | Instrument, harness attachment | Mark, (M-tag, PIT tag, double barb tag, or roto tag) |
| Instrument, dart/barb | Count/survey | Instrument, suction-cup attachment | Measure and weigh |
| Instrument, bolt/pin | Instrument, external (e.g., VHF, SLTDR) | Instrument, pygal attachment | Necropsy |
| Instrument, deep-implant | Instrument, internal (e.g., PIT) | Laparoscopy | Photograph/Video |
| Instrument, suction-cup | Mark, (bleach, clip fur, dye/paint, flipper tag, freeze brand, hot brand, neoprene patch) | Lavage | Remote vehicle, aerial fixed wing or (VTOL) |
| Lavage | Measure and weigh | Mark, (PIT tag, carapace, flipper tag, oxytetracycline injection, or visual) | Remote vehicle, vessel or amphibious |
| Mark, (freeze brand/ roto tag) | Metabolic chamber/hood | Measure and weigh | Salvage (carcass, tissue, or parts) |
| Measure and weigh | Observation, (mark resight, monitoring, or behavioral) | Orientation research | Sample, blood |
| Measure colonic temperature | Photograph/Video and Photo-Identification | Photograph/Video | Sample, (barbel clip, fin clip, fin ray, scute, scute spine) |
| Metabolic chamber/hood | Photogrammetry | Recapture (gear removal) | Sample, biopsy (gill, gonads, liver, or muscle) |
| Observation, behavior or monitoring | Remote video monitoring | Remote vehicle, aerial (VTOL or fixed wing) | Transport |
| Photograph/Video and Photo-Identification | Remote vehicle, aerial (VTOL or fixed wing) | Remote vehicle, amphibious or vessel | Treatment, prophylactic or therapeutic |
| Photogrammetry | Remote vehicle, amphibious or vessel | Salvage (carcass, tissue, or parts) | Ultrasound |
| Remote vehicle, vessel or amphibious | Restrain, (board, cage, hand, or net) | Sample, blood |  |
| Remote vehicle, aerial (VTOL or fixed wing) | Salvage (carcass, tissue, parts) | Sample, swab (cloacal, nasal, or oral) |  |
| Restrain | Sample, blood | Sample, biological (fecal, fat, scute, tissue, or tumor) |  |
| Sample, swab (anal, blowhole, oral, or vaginal) | Sample, biopsy (blubber, skin, or muscle) | Sample, biopsy (bone, muscle, organ) |  |
| Sample, blood | Sample, (nail, hair, or vibrissae) | Tracking |  |
| Sample, biopsy (skin, blubber, or muscle) | Sample, swab (anal, nasal, ocular, oral, fecal, or mucus membranes) | Transport |  |
| Sample, exhaled air | Sample, (milk, fecal [enema or loop], urine, or stomach) | Tumor removal |  |
| Sample, biological (milk, urine, fecal, or sperm) | Sample, tooth extraction | Ultrasound |  |
| Sample, tooth extraction | Serial blood samples (Evans blue, hormones) |  |  |
| Tracking | Transport |  |  |
| Transport | Ultrasound |  |  |
| Ultrasound | Underwater photo/videography |  |  |
| Underwater photo/videography | X-ray |  |  |
| X-ray |  |  |  |

**Applicable Laws**

This information is required to accompany the Marine Mammal Protection Act (MMPA) Section 104 and/or Endangered Species Act (ESA) Section 10(a)(1)(A) permit application and is used to determine whether individuals conducting activities proposed under a requested permit possess qualifications commensurate with their duties and responsibilities identified in the application (50 CFR §§216.35 and 222.308).

All permit documentation, including the application, qualifications, permit, amendments, reports, and any other associated documents are considered public information and as such, are subject to the Freedom of Information Act.

**Paperwork Reduction Act 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 0648-0084. Without this approval, we could not conduct this information collection. Public reporting for this information collection (i.e., the permit application and qualifications) is estimated to be, per response, approximately 50 hours for MMPA/ESA scientific research and enhancement permit applications, 20 hours for MMPA/ESA parts permit applications, and 10 hours for MMPA photography permit applications, 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 a permit pursuant to, as applicable, the ESA, Fur Seal Act, MMPA, National Environmental Policy Act, and their implementing regulations. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the Chief, Permits and Conservation Division, Office of Protected Resources, F/PR1, NOAA/National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910; email nmfs.pr1.apps@noaa.gov.