

**FEDERAL FISHERIES PERMIT APPLICATION FORM**  
U.S. DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION  
NATIONAL MARINE FISHERIES SERVICE  
PACIFIC ISLANDS REGION

OMB Control No: 0648-0577  
Expires: 7/31/2011

For Office Use:  
GC \_\_\_\_\_  
Issued \_\_\_\_\_  
Transmit \_\_\_\_\_

**2011**

**Mail or deliver this application to:**

NMFS Pacific Islands Regional Office  
ATTN: Permits  
1601 Kapiolani Blvd., Suite 1110  
Honolulu, Hawaii 96814-4700  
Tel: (808) 944-2200

**MAIN HAWAIIAN ISLANDS NON-COMMERCIAL BOTTOMFISH PERMIT**

Please Print Legibly. Items marked with \* are required. NOTE: permit fee is \$41.00

**I. APPLICANT INFORMATION**

\***APPLICANT NAME:** \_\_\_\_\_ \***DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
First, Middle, & Last Name or Business Name (if owner of vessel)

\***MAILING ADDRESS:** \_\_\_\_\_  
Street/PO Box City State ZIP Code

\***PHONE** (\_\_\_\_) \_\_\_\_\_; \***CELL PHONE** (\_\_\_\_) \_\_\_\_\_; \***FAX** (\_\_\_\_) \_\_\_\_\_

\***EMAIL:** \_\_\_\_\_

\***APPLICANT SIGNATURE:** \_\_\_\_\_ \***DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Please check whether you want:  permit mailed, or  to pick up permit at Pacific Islands Regional Office.

\***VESSEL OWNER:**  Yes /  No (Check only one) If Yes, complete section below.

**II. FOR VESSEL OWNERS ONLY**

\***VESSEL NAME:** \_\_\_\_\_ \***OFFICIAL NUMBER:** \_\_\_\_\_  
(DBOR registration or USCG documentation num)

**VESSEL RADIO CALL SIGN:** \_\_\_\_\_ (if available)

\***DATE OF INCORPORATION (if a business):** \_\_\_\_/\_\_\_\_/\_\_\_\_ \***TAXPAYER IDENTIFICATION NUM.:** \_\_\_\_\_  
(if vessel owner is a business)

\***BUSINESS CONTACT:** \_\_\_\_\_ /\***TITLE:** \_\_\_\_\_  
(If vessel owned by a business) (First, Middle, & Last Name, if not same as vessel owner) (corporate officer, business owner, partner)

**Privacy Act Statement:** Federal Regulations (at 50 CFR Part 665) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. The primary purpose for requesting the TIN is for the collection and reporting on any delinquent amounts arising of such person's relationship with the government pursuant to the Debt Collection Improvement Act of 1996 (Public Law 104-134). Personal information is confidential and protected under the Privacy Act (5 U.S.C. 552a). Business information may be disclosed to the public.

**REQUIRED DOCUMENTS:** 1) Submit a check payable to "Department of Commerce, NOAA" for the non-refundable application processing fee of \$41.00. 2) Vessel owners must submit a copy of the vessel's current Hawaii Division of Boating and Ocean Recreation vessel registration certificate or U.S. Coast Guard Certificate of Documentation. An application that is lacking required information, vessel registration or documentation, or payment will be considered incomplete. An incomplete application will be abandoned if it is not completed within 30 days after reception. It is prohibited to file false information on any application for a fishing permit (50 CFR 665.15(b)). You must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13).

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 20 minutes for main Hawaiian Islands non-commercial bottomfish permit and 2 hours for all permit denial appeals. Each burden includes 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 aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a permit for the fishery involved (ref. 50 CFR 665.13). Data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject 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.

**Instructions**

Please print legibly. All fields required unless otherwise noted.

**I. Applicant Information**

Applicant Name: Print full name: First, Middle (initials OK), Last, and suffix. If the vessel owner is a business, print the full business name. A business may not apply for an individual permit; it may apply only for a vessel owner permit.

Date of Birth: Print date of birth as MM/DD/YYYY. Businesses provide Date of Incorporation and Taxpayer Identification Number in section II.

Mailing Address: Print mailing address. A current mailing address is required for mailing the permit or contacting you about your permit.

Phone: Primary phone number, including area code.

Cell phone, Fax, and Email: Provide additional contact information if available.

Applicant Signature and Date: Sign full name and write in the date you signed.

Mail or Pickup: Check off whether you prefer the permit mailed to the address on the application form or to pick it up at PIRO.

Vessel Owner: Check off Yes or No. If Yes, complete the section For Vessel Owners Only.

**II. For Vessel Owners Only**

Vessel Name: Print the vessel's name, if available. If none, print N/A.

Official Number: Print the State of Hawaii vessel registration number as HAnnnnXX – where the nnnn is the number and the XX is the one or two character suffix, or the US Coast Guard vessel documentation number. A copy of the current State vessel registration certificate or the USCG Certificate of Documentation is required.

Vessel Call Sign: Print the radio call sign on your FCC license, if available.

Date of Incorporation: If the vessel owner is a business, corporation, LLC, etc., fill in the date of incorporation.

Taxpayer Identification Number: Print the Taxpayer or Employer Identification Number (TIN/EIN) if the owner of the vessel is a business.

Business Contact and Title: Print the full name and title of the contact person for the business.

Include a check for the payment of the non-refundable application processing fee. The check should be made payable to: "Department of Commerce, NOAA." Money orders or cash will not be accepted.

A complete application includes the signed application form, a check for the processing fee, and a copy of the vessel registration or documentation if a vessel owner is applying. If your application is not complete, the processing of your permit may be delayed. You will be notified of any deficiency. If you fail to correct the deficiency within 30 days following the date of the notice of deficiency, the application will be considered abandoned (50 CFR 665.13). It is a violation of Federal regulations to file false information on a permit application form (50 CFR 665.15(b)).