

U.S. Department of Commerce, NOAA
 NMFS PERMITS OFFICE, F/SER14
 263 13th Avenue South
 St. Petersburg, FL 33701
 Toll Free 877-376-4877 (8:00 a.m. - 4:30 p.m. ET)
 727-824-5326 (8:00 a.m. - 4:30 p.m. ET)
 sero.nmfs.noaa.gov/permits



**FEDERAL APPLICATION FOR
 SOUTHEAST REGION ISSUED
 OPERATOR CARD**

<p>FOR OFFICE USE ONLY</p> <p>Application ID</p>

FOR OFFICE USE ONLY	
Reviewer's Initials and Date	
Expiration Date	
Check or Money Order Number and Amount	

FEE: \$50.00 REPLACEMENT FEE: \$18.00

Application Fees are Non-Refundable. Make check or money order payable to the U.S. Treasury.

Atlantic Dolphin/Wahoo permits and South Atlantic Rock Shrimp permits are not valid unless the operator or a crew member holds a valid Operator Card when underway fishing for Dolphin, Wahoo and/or Rock Shrimp in the Atlantic EEZ. Illegible applications will be returned.

APPLICATION INSTRUCTIONS: Information is required for all blanks in Sections 1 & 2. Please list a number where you can be reached or a message left if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue, tape, paperclip or otherwise attach the photos to the application.

SECTION 1 - VESSEL OPERATOR (CARD OWNER) PERSONAL INFORMATION

Mr/Mrs/Ms	Last Name	First Name	Middle Name	Suffix - Jr, Sr, etc.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tax Identification Number (SSN)		Date of Birth (MM/DD/YYYY)	Area Code	Phone Number				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
Mailing Address			Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Check box if the street address is the same as the mailing address.								
Street Address (PO Box not acceptable)			Apt #	City	State	County/Parish	Zip Code	Country
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 - VESSEL OPERATOR (CARD OWNER) IDENTIFYING INFORMATION

Birth Place (City, State, Country)			Weight (lbs)	Height (ft & in)
<input type="text"/>			<input type="text"/>	<input type="text"/>
Sex		Eye Color		Hair Color
<input type="checkbox"/> Male	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde
<input type="checkbox"/> Female	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel	<input type="checkbox"/> Black	<input type="checkbox"/> Red
	<input type="checkbox"/> Grey	<input type="checkbox"/> Other	<input type="checkbox"/> Grey	<input type="checkbox"/> Other
			<input type="checkbox"/> White	

If you are clean shaven or balding, indicate your actual hair color.

SECTION 3 - SIGNATURE - REQUIRED

Applicant Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the 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 suggestions for reducing this burden to PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

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. Confidential name and address information will be released via a NOAA Fisheries website. 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.



National Marine Fisheries Service
Greater Atlantic Region Permit Office



**Initial/Renewal* Application for a Greater Atlantic
Vessel Operator Permit**

Operator cards are required for any operator of a charter/party boat and or a commercial vessel (including carrier and processor vessels) issued a vessel permit from the Greater Atlantic Region and possessing or fishing for Atlantic Sea Scallops, Northeast Multispecies, Spiny Dogfish, Monkfish, American Lobster, Atlantic Herring, Atlantic Surfclam, Ocean Quahog, Maine Mahogany Quahog, Atlantic Mackerel, Loligo Squid, Illex Squid, Butterfish, Scup, Black Sea Bass, Golden Tilefish, Skates, Atlantic Deep-Sea Red Crab, or Atlantic Bluefish, in or from the EEZ.

FIRST TIME APPLICANTS: fill in Section 1 below, sign and date the back of this application and return it to us with one (1) passport or ID sized photo (see back).

IF USING THIS APPLICATION AS A RENEWAL: fill in Section 1 below, write your 8 digit number on the line below, sign and date the back of this application, and return it to us with one (1) passport or ID sized photo (see back).

Your vessel operator number _____

*Preprinted renewal applications are automatically mailed to the address on file approximately 35 days prior to the expiration date, but you may use this application to renew your permit (see below).

Please complete all sections of this application.

Incomplete applications will be returned and will be not be processed.
Submission of all application information is required.

Section 1

Last Name _____ First Name _____ MI _____ SUFFIX _____ Suffix: Jr, Sr, III, IV, etc

Mailing Address _____

City / ST / Zip Code _____ / _____ / _____

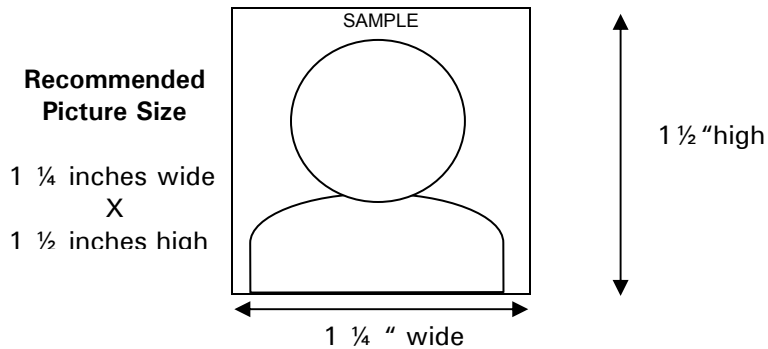
Phone Number _____ - _____ - _____ Date of Birth ____/____/____ (MO/DAY/YR)

Eye Color _____ Hair Color _____

Weight (lbs) _____ Height (ft/in) _____ / _____

You must sign and date this application in Section 2 on back.

Please enclose **ONE** color passport or I.D. sized photo of yourself, which is recent (taken no more than 1 year prior to the date of this application).



Section 2

I affirm that all information I have given on this application is true and correct. Making a false statement on this application is punishable by law [18 USC 1001]. I understand that violations of Federal fisheries laws and regulations may subject me to criminal and civil penalties including fine and/or revocation of license. Further, as a condition of this operator's permit, I agree that if this permit is suspended or revoked pursuant to 15 CFR part 904, I will not be on board a Federally permitted fishing vessel in any capacity while the vessel is at sea or engaged in offloading.

Signature of Applicant:

Date:

Return completed applications to:

**Greater Atlantic Region Permit Office
 55 Great Republic Drive
 Gloucester, MA 01930-2276
 Telephone: (978) 282-8437**

Permit holder name, address, phone number, and the status of the holder's permit will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2276. The purpose and use of these permits are to (1) register industry participants and fishing vessels, (2) exercise influence over compliance, (3) provide a mailing list for the dissemination of important information to the industry, (4) register participants to be considered for limited entry, and (5) provide a universe for data collection samples. Both the MSFCMA and Executive Orders 12866 et al, require the determination of this information. 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.