



U.S. DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
NATIONAL MARINE FISHERIES SERVICE
 Pacific Islands Regional Office - SFD Permits
 1845 Wasp Blvd., Bldg 176
 Honolulu, Hawaii 96818
 (808) 725-5000 • Fax: (808) 725-5215

OMB NUMBER: 0648-0490
 Expires: 12/31/2014

AMERICAN SAMOA LONGLINE LIMITED ACCESS PERMIT

Application Type:

Please print legibly. All fields required unless noted otherwise. Note required documents below. Non-Refundable Application Processing Fee: **\$48.00**, payable by check or money order to: **Department of Commerce, NOAA**. Fee charged for all permit transactions unless otherwise noted below.

PERMIT CLASS: ___ **A** = vessel 40' LOA or less ___ **B** = 40.1' – 50' ___ **C** = 50.1' – 70' ___ **D** = 70' or larger

- ___ Permit Renewal
- ___ Additional Permit Issuance
- ___ Registration of new or replacement vessel to permit OR De-registration of vessel from permit. (No Fee)

___ **Permit Transfer** (The transferring permit holder completes this section and signs, and the person receiving the permit completes the sections below and signs as the permit applicant.)

TO: ___ Family member ___ Community organization ___ Person with documented participation in the American Samoa longline fishery (participation in vessel size Class A for Class A only)

NAME: _____ Relationship: _____
Print first and last name, or name of community organization If Family member is checked

PERMIT TRANSFEROR: _____ Signature _____
(Original permit holder) Print first, middle initial, and last name

PERMIT NUMBER BEING TRANSFERRED: _____ DATE: _____

VESSEL NAME: _____ VESSEL OFFICIAL NUMBER (USCG or AS): _____

VESSEL OWNER: _____ RADIO CALL SIGN: _____

PERMIT HOLDER: _____ TAXPAYER ID NUMBER: _____
First, Middle and Last Name, or Business Name

PERMIT HOLDER DATE OF BIRTH (individual) or INCORPORATION (business): _____

Complete the **Supplementary Information Sheet** on page 2 to list names and addresses of owners, partners, or officers.

BUSINESS MAIL ADDRESS: _____
Number, street, apt. no. City/Village State ZIP

BUSINESS PHONE: (____) _____ CELL: (____) _____
(Please include the area code for each number)

FAX: (____) _____ EMAIL: _____

APPLICANT: _____ DATE: _____
Print first, middle initial, and last name Signature

- REQUIRED DOCUMENTS:** 1) Payment for the non-refundable application processing fee of **\$48.00**, if required, 2) A copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from the state/territorial agency (undocumented vessel) to register a vessel to the permit, 3) Documentation of participation in the American Samoa longline fishery for Additional or Transfer, 4) Documentation of harvest for Renewal, and 5) Signed letter from permit holder authorizing the permit applicant as their agent, if the agent is submitting the application.

Mail application to the address at the top left of this page. If your application is incomplete, you will be notified by PIRO. You have 30 days from the date of notification to provide required documents, or your application will be considered abandoned, and you must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13). It is prohibited to file false information on an application for a fishing permit (50 CFR 665.15(b)). (Rev. 9/26/14)

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 permits. The primary purpose for requesting the Taxpayer Identification Number (SSN or EIN) is for the collection and reporting on any delinquent amounts arising out of such person's relationship to 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.

American Samoa Longline Limited Access Permit

SUPPLEMENTARY INFORMATION SHEET

Company/Corporation officers, owners, or partners:

NAME	MAILING ADDRESS	PERCENT OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 45 minutes for American Samoa longline limited access initial permit issuance, renewal, transfer or upgrade; 2 hours for permit appeal. Send comments regarding this burden estimate and any other aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1845 Wasp Blvd., Bldg. 176, Honolulu, HI 96818.

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 regulatory changes on person in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license 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 Numbers.