



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 Control No: 0648-0664
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For Office Use Only: PIRO Permit No. _____

MARINE NATIONAL MONUMENT FISHING PERMIT

Please Print Legibly. Items marked with * are required. Note required documents on page 2.

1. *TYPE OF PERMIT (Check only one. See instructions for specific information):

____ Non-commercial Fishing or ____ Recreational Charter Fishing

2. *NEW PERMIT ____ OR RENEWAL ____?

3. *MONUMENT PERMIT AREA (Check only one. See instructions for specific information):

____ Marianas Trench (Islands Unit) ____ Pacific Remote Islands (charter only) ____ Rose Atoll

4. *VESSEL NAME: _____ 5. *VESSEL OFFICIAL NO: _____
USCG or state registration number

6. *VESSEL LENGTH: _____ (feet) 7. RADIO CALL SIGN: _____

8. *VESSEL OWNER: _____
First, Middle, & Last Name or Business Name

9. *TAXPAYER ID NUMBER (SSN or EIN): _____

10. *DATE OF BIRTH (Individual) OR INCORPORATION (Business): _____ (MM/DD/YYYY)

11. *MAILING ADDRESS: _____
Street/PO Box City State ZIP Code

12. *PHONE (____) _____ CELL PHONE (____) _____

EMAIL: _____

13. *VESSEL OPERATOR(S):

1. Name: _____ Phone: _____

Mailing Address: _____

2. Name: _____ Phone: _____

Mailing Address: _____

Under penalty of perjury, I hereby declare that I, the undersigned, am the vessel owner or operator, or authorized to certify this application on behalf of the vessel owner, and the information contained herein is true, correct, and complete to the best of my knowledge.

14. *APPLICANT: _____ *DATE: _____
Printed Name and Signature of Person Submitting Application

15. *APPLICANT TITLE: ____ Vessel owner, ____ Vessel operator, ____ Corporate officer or partner, ____ Designated agent**, or
 ____ Other _____

OTHER REQUIRED DOCUMENTS:

- 1) Copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel), or registration certificate from a state or territorial agency (undocumented vessel) showing the current vessel owner.
- 2) Payment by check for the non-refundable application processing fee of \$[TBD], payable to the Department of Commerce, NOAA.
- 3) Proof of residency or location of business (copy of driver's license, identification, check, business registration, certificate of good standing, or other document verifying local address), and
- 4) A signed letter from the permit holder authorizing the applicant as the agent, if the applicant is acting as an agent for the vessel owner.**

Filing false information on any application for a fishing permit is prohibited (50 CFR 665.15(b), 18 U.S.C. 1001). You must inform PIRO within 15 days of any change of information on the application form (50 CFR 665.13).

Privacy Act Statement: Federal regulations at (50 CFR Part 665) authorize the 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 fishing permits. The primary purpose for requesting the SSN or 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 1966 (Public Law 104-134). Business information may be disclosed to the public.

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated at 15 minutes per application, including 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 Pacific Islands Regional Administrator, NOAA Fisheries Service, 1845 Wasp Blvd., Bldg. 176, Honolulu, Hawaii 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 Pacific Islands Region. This will enable NOAA Fisheries Service 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 proprietary business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)), and NOAA Administrative Order 216-100. 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

1. **TYPE OF PERMIT:** Please check the appropriate box for the type of permit you are applying. Non-commercial fishing means fishing that includes, but is not limited to, sustenance, subsistence, traditional indigenous, and recreational fishing. Recreational charter fishing means operating or fishing from a vessel carrying a passenger for hire who is engaged in recreational fishing. Check only one box.
2. **NEW APPLICATION OR RENEWAL:** Check only one box.
3. **MONUMENT PERMIT AREA:** Please check the appropriate Monument Permit Area you are applying. Check only one box. If you are seeking to fish in more than one Monument Permit Area, you must apply separately for each area.

Additional Specific Information:

- NMFS may issue fishing permits for the Rose Atoll Marine National Monument only to community residents of, or charter businesses legally established in, American Samoa.
 - NMFS may issue fishing permits for the Islands Unit of the Marianas Trench Marine National Monument only to community residents of Guam and the Northern Mariana Islands, or charter businesses legally established in those islands.
 - You are required to obtain all other applicable federal permit(s) for fishing within the Marianas Trench Marine National Monument ***outside of the Islands Unit***. See http://www.fpir.noaa.gov/SFD/SFD_permits_index.html for a list of applicable federal permits for fishing in the EEZ around Guam and the Northern Mariana Islands.
 - ***For the Pacific Remote Islands Marine National Monument, use this application only if you own or operate a vessel that will engage in recreational charter fishing activities.*** If your fishing will not involve recreational charter fishing, you must obtain the applicable federal fishing permit(s) for the Pacific Remote Islands Marine National Monument. See http://www.fpir.noaa.gov/SFD/SFD_permits_index.html for a list of applicable federal permits for fishing in the EEZ around the Pacific Remote Island Areas.
4. **VESSEL NAME:** Write in the vessel name.
 5. **VESSEL OFFICIAL NUMBER:** Write in either the U.S. Coast Guard documentation number, or state/territorial agency vessel registration number.
 6. **VESSEL REGISTERED LENGTH:** Write in the vessel's length overall in feet, as listed on the U.S Coast Guard document or state/territorial agency vessel registration.
 7. **RADIO CALL SIGN:** If you have one, write in the call sign assigned by the FCC to your vessel's radio. It would probably start with a W. If you do not have a call sign, write N/A.
 8. **VESSEL OWNER:** Write in the First, Middle, & Last Name(s), or Business Name of the vessel's registered owner as listed on the U.S Coast Guard document or state/territorial agency vessel registration.
 9. **TAXPAYER ID NUMBER:** Write in the Social Security Number (SSN) of the applicant. If the vessel owner is a business, write in the Employer Identification Number (EIN) obtained from the U.S. Internal Revenue Service.
 10. **DATE OF BIRTH OR DATE OF INCORPORATION:** If an individual owns the vessel, write in the vessel owner's full birth date. If a business owns the vessel, write in the full date of incorporation.
 11. **MAILING ADDRESS:** Write in the vessel owner's primary mailing address. NMFS will use this address as the official address of record for all mail to the permit holder.
 12. **PHONE:** Write in the vessel owner's primary phone number.
 13. **CELL PHONE & EMAIL:** Please provide additional contact information for the vessel owner.
 14. **VESSEL OPERATOR(S):** Write in the First, Middle, & Last Name, and provide contact information for each individual that will operate the vessel while in the Monument Permit Area, if not the registered owner. Each vessel operator, if not the same as vessel owner, is required to obtain a Monument permit.
 15. **APPLICANT:** Print your name and sign on the line. The applicant must sign the form. Then, fill in the date the application was signed
 16. **APPLICANT TITLE:** Check only one for the applicant's relationship to the vessel owner.

Submit the completed application to NMFS Pacific Islands Regional Office, ATTN: SFD Permits, at the address printed at the top left of the first page of the application form, along with all required documents and payment of the fee, if specified.