Instructions for the Federal Permit Application for Vessels Fishing for Wreckfish off the South Atlantic States

Rev 05/11/2020

In addition to the instructions provided herein, applicants with specific questions are encouraged to contact the Permits Office at (727) 824-5326 or toll free at (877) 376-4877 between 9:00 a.m. and 4:00 p.m. ET, or visit the SERO Permits website at ***https://www.fisheries.noaa.gov/permits-and-forms***.

Please consult the U.S. Code of Federal Regulations whose guidance for application requirements, permit eligibilities, and related information will always prevail. NMFS will return incomplete or illegible applications.

General Instructions:

Who can obtain a wreckfish permit?

To obtain a commercial vessel permit for wreckfish:

- The applicant must be a wreckfish shareholder; and either the shareholder must be the vessel owner or the owner or operator must be an employee, contractor, or agent of the shareholder.
- A commercial permit for South Atlantic snapper-grouper must have been issued to the vessel.

For more information about the wreckfish ITQ program, contact the Sustainable Fisheries Division LAPP/DM Branch at (727) 824-5305.

What sections do I complete?

Complete all applicable sections of this application form. All application fields should be typed or printed in ink. Specifically,

- ✓ *All applicants* must fill out Section 1 and Section 2.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more individuals, fill out Section 3.
- ☐ If the vessel's USCG documentation or state registration indicates the vessel is owned by one or more businesses, fill out Section 4.
- ☐ If the vessel is leased and the permit(s) will be issued to the lessee(s), complete Section 5.
- ☐ If a vessel is owned or leased by a business which is owned by another business, or if the wreckfish shareholder is a business which is owned by another business, provide information about all businesses' parent companies in Section 6.
- ☐ If a vessel is owned or leased by a business or the wreckfish shareholder is a business, in addition to completing Section 2b, 4 and/or 5b, complete Section 7 to provide information about all individuals that are owners or officers of the businesses, or parent companies to businesses, that own or lease the vessel or are the wreckfish s
- ✓ *All applicants* must fill out Section 8 *and* Section 9.

See pages 3-6 for information about specific sections of this application.

What is the fee?

The application fee is **$50.** This application fee is collected to cover the administrative cost of processing the application, and is non-refundable.

The fee to replace one or more permits issued to a vessel is $18. NMFS will not refund money for denied permits. A check or money order payable to the U.S. TREASURY must accompany each application.

Where do I send the application?

Mail the complete application, payment, and all required supporting documentation to: **National Marine Fisheries Service (F/SER14), 263 13th Avenue South, St. Petersburg, FL 33701.** To receive permits via overnight carrier, enclose a completed, pre-paid air bill and envelope. Please note using the prepaid overnight delivery option does not expedite permit processing; it only expedites delivery of your completed permit package.

What about reporting compliance?

NMFS will not renew or transfer a permit until all reporting requirements for the permit being renewed or transferred have been met (e.g., logbooks, the MRIP For-Hire telephone survey, etc.). To avoid delays, applicants are encouraged to comply with all reporting requirements before submitting a permit application.

- Send Coastal and Pelagic logbook report(s) to National Marine Fisheries Service, **Research Management Division, Logbook Program, P.O. Box 491500, Key Biscayne, FL 33149-9915**. Please direct questions concerning reporting Coastal and Pelagic reporting requirements to the Southeast Research Management Division at **(305) 361-4581**. You can also check the status for these logbooks online at https://grunt.sefsc.noaa.gov/vrsr/VesselReportingStatus.jsp.

What supporting documentation do I need?

☑ **Documentation or state registration**: Include a copy of the vessel's valid USCG Documentation or, if not required to be USCG Documented include a copy of the vessel's valid State Registration, with the application.

☑ **Payment:** Include a check or money order made out to the US Treasury. See "What is the Fee" on page 1 of these instructions for more information. Include a separate check or money order if requesting Floy tags for Golden Crab or Sea Bass pots.

☐ **Lease Agreement:** Include a copy of the current lease agreement if the vessel is leased, rented, or leased-to-own. The lease must identify the vessel, the individual(s) or business(es) leasing the vessel, and the vessel owners as listed on the vessel's USCG Certificate of Documentation or, if not documented, the State Registration. The lease agreement must include a lease start date, and lease expiration date. The lease must run for a minimum of 7 months from the date your application is received. The lease may extend for many years if the lessee and lessor anticipate a long-term arrangement. Both the vessel owner(s) and the lessee(s) must sign and date the lease agreement.

☐ **Miscellaneous or uncommon documents**: To transfer a Snapper Grouper Unlimited permit to an immediate family member, documentation proving the familial relationship will be required. To transfer a permit pursuant to will/probate of a deceased permit holder, copies of the will and court order will be required. For these sorts of unusual transfer transactions, we recommend you contact the Permits Office toll free at (877) 376-4877 to discuss the details of your particular situations.

A few words about renewals…

- Any change to the identity of the entities that own or lease the vessel are the wreckfish shareholders, or a change to the vessel to which the permits will be issued, means that the wreckfish permit cannot be *renewed*. In those instances, a *new* wreckfish permit may be obtained.

APPLICATION SECTION 1 – VESSEL INFORMATION.

Complete all portions of Section 1.

- Enter the Official Number and the length of the vessel as they appear on the U.S. Coast Guard Certificate of Documentation, or the State Registration certificate for a vessel without USCG documentation.
- Provide the Hull Identification Number (HIN) if available. The HIN is a unique number assigned by the boat builder. Most HINs are shown on the state registration or USCG documentation.
- For Highly Migratory Species (HMS) applicants only:
  - An International Maritime Organization (IMO) number is required for all vessels longer than 20 meters (65 feet 8 inches) applying for HMS commercial shark, swordfish or Atlantic Tuna longline permits.
  - If applying for a HMS commercial swordfish, shark, or Atlantic Tuna Longline permit without a vessel, write "NO VESSEL" in the field for USCG Official Number.
  - Shark and Swordfish directed and incidental permit applicants must indicate whether the vessel fishes with or carries on board longline and gillnet gear.
- For For-Hire vessel applicants only:
  - Indicate if the vessel is an uninspected vessel authorized to use a "6-pack" license, or a USCG inspected vessel, and if so, the passenger capacity of the vessel.

SECTION 2 -- Wreckfish Shareholder Information

- Enter the Wreckfish Shareholder's Certificate Number in the field provided at the top of Section **2**.
- If the Wreckfish Shareholder is an individual, complete section **2a** to include the Wreckfish shareholder's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
    - Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- If the Wreckfish Shareholder is a business, complete section **2b** to include the Wreckfish shareholder's business name, Federal Employer Tax ID number (FEIN), date the business was formed, physical and mailing address, and business type.
    - Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect the shareholder's eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).

APPLICATION SECTION 3 -- Individuals that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or State Registration indicates the vessel is owned by one or more individuals, Complete **Section 3** for all owners listed. Complete **Section 3a** for an **individual owner**. Also fill out **Section 3b** if the vessel is **jointly owned** by another individual. Photocopy Section 3 as necessary to provide information for all individuals that own the vessel.

- For each owner, include the owner's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the owner is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

APPLICATION SECTION 4 -- Businesses that own the vessel.

If the U.S. Coast Guard Certificate of Documentation or the State Registration is a business, provide information for all businesses listed. Complete section **4a** for a single business owner. Also fill out Section **4b** if the vessel is **jointly owned** by another business.

- NMFS will not issue permits to a business with an INACTIVE status with the applicable Secretary of State.
- Provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel owner, and the vessel is not leased, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

APPLICATION SECTION 5 – LEASE Information

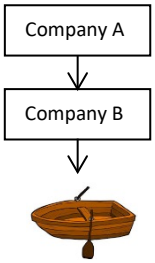
If the vessel is leased by one or more individuals, fill out section **5A.** Copy this section as necessary to provide information about all individuals that lease the vessel.

- For each individual lessee, include the lessee's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the lessee is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.

If the vessel is leased by one or more businesses, fill out section **5B**. Copy this page as necessary to provide information about all businesses that lease the vessel

- For each business that leases the vessel, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- If there is more than one vessel lessee, select a single Primary Mailing Recipient to whom all correspondence about this application and requested permits will be sent.
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

A SPECIAL NOTE ABOUT LEASES: There is no provision in the federal regulations to lease *permits*. Permit holders may lease a *vessel* and obtain permits on the vessel as the lessee. Note that vessel *owners* and *lessees* cannot independently hold permits for the same vessel at the same time.



APPLICATION SECTION 6 –Businesses that Own Businesses

Complete this section for any business that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and Wreckfish shareholders listed in section 2b, 4a, 4b, or 5b. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel or Wreckfish certificate.

- For each business, provide the business's full name, Federal Employer Tax ID number (FEIN), date the business was formed, phone number, physical and mailing address, and business type.
- Indicate if the business was established by the laws of the United States or any state of the United States. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- For a brief definition of applicable business types, see our frequently asked questions at http://sero.nmfs.noaa.gov/operations_management_information_services/constituency_services_branch/permits/permit_faq/index.html

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, and Company A is owned by Company B. Provide information about Company A in section 5 and Company B in section 7.

APPLICATION SECTION 8 –Businesses Officers and Individual Owners

Complete this section for any individual that owns more than 1% of any business within the ownership hierarchy of vessel owners, lessees, and wreckfish shareholders as listed in section 2b, 4a, 4b, 5b, and 6. For every business, the sum of ownership, by either individuals or other businesses, must total 100%. Photocopy this section as necessary to provide information about all businesses within the ownership hierarchy of the vessel and Wreckfish certificate.

- For each individual owner or officer, include the entity's full name, Individual Tax ID number (SSN), date of birth, phone number, physical address, mailing address, sex, and race/ethnicity information.
- Indicate if the individual is a United States citizen or permanent resident alien. Note, this information will not affect eligibility to obtain a permit.
- Provide an email address or SMS mobile phone number to receive digital updates about your permit and application status (when available).
- Complete Section 7C if a business listed in Section 2b, 4a, 4b, 5b, and 6 has owners that individually own less than 1% of the business. Provide the total percentage of ownership which is individually held by owners who own less than 1%.

Example: If a vessel's USCG documentation indicates that the vessel is owned by Company A, provide information about all owners and officers of Company A. If Company A is also owned in whole or part by Company B, complete section 8 to provide information about all individual owners and officers of Company A *and* Company B.

Photocopy this section as necessary to provide information about all businesses and their respective owners and officers that comprise the ownership hierarchy of the vessel.

APPLICATION SECTION 9 – Small Business or Organization Certification

This section is required for ALL applicants. Your revenue and employment estimates for the most recent complete calendar year your business or organization was active should include the revenues and employees of ALL affiliated businesses or organizations. In general, businesses or organizations are affiliated with each other when one business or organization controls or has the power to control another business or organization, or a third party controls or has the power to control both. Specifically, businesses or organizations are considered to be affiliated if they have 50% or more ownership in common. For e.g., if the same individual or individuals own or co-own multiple businesses, those businesses would be considered affiliated and thus should be treated as a single operation for the purpose of estimating annual gross revenues and employment.

APPLICATION SECTION 10 – SIGNATURE FOR APPLICATION

The application must be signed and dated by the wreckfish shareholder. If the wreckfish shareholder is a business, an officer or owner of the business must sign and date the application.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME TO OBTAIN A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

Public Burden 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 0648-0205. Without this approval, we could not conduct this survey or information collection. Public reporting for this information collection is estimated to be approximately 55 minutes per response, 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 benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the: PRA Officer, National Marine Fisheries Service, F/SER26, 263 13th Avenue South, St. Petersburg, FL 33701.

Privacy Act Statement - Authority: The collection of this information is authorized under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C 1801 et seq.), the High Seas Fishing Compliance Act, the Tuna Conventions Act of 1950, the Antarctic Marine Living Resources Convention Act, the Western and Central Pacific Fisheries Convention Implementation Act (16 U.S.C. 6901 et seq.), the Marine Mammal Protection Act, the Endangered Species Act and the Fur Seal Act. The authority for the mandatory collection of the Tax Identification Number (TIN) is 31 U.S.C. 7701.

Purpose: In order to manage U.S. fisheries, the National Marine Fisheries Service (NMFS) requires the use of permits or registrations by participants in the United States. Information on NMFS permit applicants and renewing holders includes vessel owner contact information, date of birth, TIN and vessel descriptive information. Permit holder information may be used as sampling frames for surveys, as part of Fishery Management Council (FMC) analysis to support FMC decisions.

Routine Uses: The Department will use this information to determine permit eligibility and to identify fishery participants. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within NMFS offices, in order to coordinate monitoring and management of sustainability of fisheries and protected resources, as well as with the applicable state or regional marine fisheries commissions and international organizations. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/NOAA-19, Permits and Registrations for the United States Federally Regulated Fisheries.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.

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U.S. Department of Commerce, NOAA
NMFS PERMITS OFFICE, F/SER14
263 13th Avenue South
St. Petersburg, FL 33701
Toll Free 877-376-4877 (9:00 a.m. - 4:00 p.m. ET)
727-824-5326 (9:00 a.m. - 4:00 p.m. ET)
https://www.fisheries.noaa.gov/permits-and-forms

OMB Control Number 0648-0205; Expiration Date 01/31/2024

FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR WRECKFISH OFF THE SOUTH ATLANTIC STATES

FOR OFFICE USE ONLY

Application ID

FOR OFFICE USE ONLY

Reviewer's Initials and date	
Check or Money Order Number and Amount	
Non Compliance Hold date	
Non Compliance Cleared date	
Expiration date	

SCAN DATE AND INITIALS	

REMEMBER TO SEND A COPY of the current (not expired) United States Coast Guard (USCG) Certificate of Documentation or a copy of the State Vessel Registration. Do not send the original. If the vessel's state registration does not list all owners, also provide a copy of the vessel's title, or other documentation from the appropriate state agency, that identifies all vessel owners.

SECTION 1 - VESSEL INFORMATION

Official Number From USCG Certificate Of Documentation (If the vessel is documented)

Year Built

Length (ft)

Total Horsepower

State Registration Number (as applicable)

Crew Size—Including the Captain, but not including passengers.

Vessel Name

ALL APPLICANTS—HOLD or FISH BOX CAPACITY: Estimate
How many pounds of product can you bring to the dock with a full hold or fish boxes (including ice chests)?

Hull Identification Number (HIN)

Hailing Port City

Hailing Port County Or Parish

Hailing Port State

USCG DOCUMENTED VESSELS ONLY

Gross Tons

Net Tons

International Maritime Organization (IMO) Number
As applicable (see instructions)

Hull Material

- FIBERGLASS
- STEEL
- WOOD
- CEMENT
- OTHER (DESCRIBE)

Fuel Data

- DIESEL
- GASOLINE
- OTHER (DESCRIBE)

Fuel Capacity - Total Gallons

Product Storage (check all that apply)

- ON ICE IN HOLD, FISH BOX, ICE CHEST, COOLER, ETC
- FREEZER
- LIVE WELL

SECTION 2 - WRECKFISH SHAREHOLDER INFORMATION

Complete Section 2a on this page for an individual that is a Wreckfish Shareholder. Complete section 2b for a Business that is a Wreckfish Shareholder. ***Photocopy this page as needed to provide information on all shareholders. Select only ONE mailing recipient.***

Shareholder's Certificate Number:

Section 2a: Individual as a Shareholder.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 4a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 2b: Business as a Shareholder: Complete this section if a business is a wreckfish shareholder.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

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Email Cell Phone number and provider:

SECTION 3 - INDIVIDUAL VESSEL OWNER(S) INFORMATION

Section 3a: Primary or Sole Owner: Complete this section if there is one or more individual shown on the USCG documentation, State Registration or title as the registered owner of the vessel. ***Select only ONE mailing recipient.***

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race?
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian American
☐ Native Hawaiian or Other Pacific Islander
☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 3b: Joint Owner. Complete this section if there is more than one individual shown on the USCG documentation, State Registration or title as the registered joint owner of the vessel. Copy this page as needed to include ALL owners of the vessel.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 3b**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race?
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian American
☐ Native Hawaiian or Other Pacific Islander
☐ Other _____

Last Name | **First Name** | **Middle Name** | **Suffix - Jr, Sr, etc.**

If you are operating under a different name, what is your Doing Business As (DBA) name?

Individual Tax ID Number (SSN) | **Date of Birth (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 4 – BUSINESS VESSEL OWNER(S) INFORMATION

Section 4a: Primary or Sole Owner: Complete this section if there is one or more businesses shown on the USCG Documentation, State Registration or Title as the registered owner of the vessel. *Select only ONE mailing recipient.*

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 4b: Joint Owner: Complete this section if there is another business shown on the USCG Documentation, State Registration or Title as the registered joint owner of the vessel.

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5a**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) | **Date Business Formed (MM/DD/YYYY)** | **Area Code** | **Phone Number**

Mailing Address | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) | **Apt #** | **City** | **State** | **County/Parish** | **Zip Code** | **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 5 –LEASE INFORMATION

If the permit holder is leasing the vessel from the vessel owner in order to assign permits to the vessel, provide the lease information in this section. You must provide a copy of the lease agreement. The term of the lease must be a minimum of 7 months. **Please Note:** Any permits already held and assigned to the vessel by the vessel owner will be ended and will not be valid for fishing if the vessel is leased to another permit holder whose permits are assigned to the vessel.

Lease start date: ☐ **Lease end date:** ☐

Section 5a: Individual or Joint Lessee: Complete this section if an individual is leasing the vessel from the vessel owner. If more than one individual is leasing the vessel from the vessel owner. Copy this page as needed to provide information on all lessees.

☐ **MAILING RECIPIENT - All mail about this permit will go to the individual listed in Section 5a**

Is this individual a United States Citizen or permanent resident alien? ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

What is this individual's Sex? ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____

Last Name ☐ **First Name** ☐ **Middle Name** ☐ **Suffix - Jr, Sr, etc.** ☐

If you are operating under a different name, what is your Doing Business As (DBA) name? ☐

Individual Tax ID Number (SSN) ☐ **Date of Birth (MM/DD/YYYY)** ☐ **Area Code** ☐ **Phone Number** ☐

Mailing Address ☐ **Apt #** ☐ **City** ☐ **State** ☐ **County/Parish** ☐ **Zip Code** ☐ **Country** ☐

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) ☐ **Apt #** ☐ **City** ☐ **State** ☐ **County/Parish** ☐ **Zip Code** ☐ **Country** ☐

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email ☐ Cell Phone number and provider: ☐

Section 5b: Business Lessee: Complete this section if a business is leasing the vessel from the vessel owner. If a business is leasing the vessel, officer and owner information for the business must be provided in section 7.

Type of business: ☐ S Corporation ☐ C Corporation ☐ Cooperative ☐ Limited Liability Co. ☐ Other_____ ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

☐ **MAILING RECIPIENT - All mail about this permit will go to the business listed in Section 5b**

Registered Name of Business ☐

Federal Employer Tax ID Number (FEIN) ☐ **Date Business Formed (MM/DD/YYYY)** ☐ **Area Code** ☐ **Phone Number** ☐

Mailing Address ☐ **Apt #** ☐ **City** ☐ **State** ☐ **County/Parish** ☐ **Zip Code** ☐ **Country** ☐

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) ☐ **Apt #** ☐ **City** ☐ **State** ☐ **County/Parish** ☐ **Zip Code** ☐ **Country** ☐

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email ☐ Cell Phone number and provider: ☐

SECTION 6 - BUSINESSES THAT OWN BUSINESSES

Complete this section for each business that owns 1% or more of a business listed in sections 5a, 5b and 6b. Copy this section as needed.

Section 6a: Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 6b: Additional Business owner:

Business for which this business is an owner of:

Percent of Business Owned:

Type of business: ☐ S Corporation ☐ Cooperative ☐ Other_____ ☐ C Corporation ☐ Limited Liability Co. ☐ Partnership

Was this Business properly established by the laws of the United States or any state of the United States? ☐ **YES** ☐ **NO**

Registered Name of Business

Federal Employer Tax ID Number (FEIN) **Date Business Formed (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 7 - BUSINESS OFFICERS AND INDIVIDUAL OWNERS

Complete this section by providing information on all individual officers and owners that own 1% or more of any business listed in sections 2b, 4, 5b, and 6. Copy this section as needed.

Section 7a: Individual Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

☐ President/CEO ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Director/ Manager ☐ Shareholder ☐ Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No **What is this individual's Sex?** ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) **Date of Birth (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

Section 7b: Additional Officer/Owner:

Business for which this individual is an officer/owner of:

Position Held - Check ALL That Apply

☐ President/CEO ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Director/ Manager ☐ Shareholder ☐ Other

Percent of Business Owned: **Is this individual a United States citizen or permanent resident** ☐ **YES** ☐ **NO**

Is this Individual of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No **What is this individual's Sex?** ☐ Male ☐ Female

What is this individual's race? ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian American ☐ Other _____

Last Name **First Name** **Middle Name** **Suffix - Jr, Sr, etc.**

Individual Tax ID Number (SSN) **Date of Birth (MM/DD/YYYY)** **Area Code** **Phone Number**

Mailing Address **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **Check box if the Physical Address is the same as the mailing address.**

Physical Address (PO Box not acceptable) **Apt #** **City** **State** **County/Parish** **Zip Code** **Country**

☐ **OPTIONAL**: Check here if you would you like to receive digital updates (texts & emails). Provide your digital contact information below.

Email Cell Phone number and provider:

SECTION 8 - OFFICER/OWNER INFORMATION FOR BUSINESS(ES) THAT OWN OR LEASE THE VESSEL (cont.)

7c. Minor Owner Information

☐ MINOR OWNERS - Check here if one or more owners individually holds shares that is less than 1% of the total business shares.

☐ TOTAL PERCENTAGE of the business shares held by minor owners.

SECTION 8 - SMALL BUSINESS OR ORGANIZATION CERTIFICATION

ALL applicants must complete this section

- For vessels that are leased, complete this section for business(es), including sole proprietorship(s),or organization(s) that lease the vessel.
- For vessels that are not leased, complete this section for business(es), including sole proprietorship(s), ororganization(s) that own the vessel (i.e., the business(es), including sole proprietorship(s), or organization(s) that appear on the vessel's USCG documentation or state registration).

Information needed to complete this section: Please estimate your annual gross revenues (sales) for the most recent calendar year your business or organization was active prior to this year. Your primary activity is the activity that generated the greatest percentage of annual gross revenues in the most recent complete calendar year the business or organization was active. Review the business/organization descriptions in Boxes 1 through 7 and identify the one that describes the applicant's primary activity. If the business is primarily a seafood dealer or processor, estimate the number of employees for the most recent calendar year your business or organization was active prior to this year. Include all full-time, part-time, and temporary employees in your estimate, but do not include crew that work on any vessels owned by the business or organization or its affiliates. Your estimates should account for the revenues and employees of ALL businesses and organizations with which your business or organization is affiliated. See the instructions at the beginning of the application package for more information about affiliation. **If you have questions about affiliation and how it applies in your case, please call 727-824-5305 and ask for one of our Office's economists.**

How to fill out the form: Start with Box 1. If the answer to the question in Box 1 is "Yes,'' check "Yes" and answer the questions in the box to the right and follow the instructions in that box. If the answer to Question 1 is "No," check "No" and go to Box 2. Continue this process until you have either: (1) answered "Yes" to ONE of the questions in Boxes 1 through 6 AND the applicable questions in the boxes to the right, OR (2) answered all questions in Box 7.

Box 1. Is the business primarily involved in harvesting seafood (commercial fishing)?

Yes ☐ No ☐

If the answer is yes, go to question 1A to the right. Otherwise, go to Question 2 below.

1A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 1B. If no, **you are done. Go to Section 9 of the application.**

1B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than $11 million in gross receipts in that year? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 2. Is the business primarily involved in for-hire fishing services (charter, party/headboat)?

Yes ☐ No ☐

If the answer is yes, go to question 2A to the right. Otherwise, go to Question 3 below.

2A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 2B. If no, **you are done. Go to Section 9 of the application.**

2B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than $8 million in gross receipts in that year? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 3. Is the business primarily involved in buying and selling seafood (seafood dealer/wholesaler)?

Yes ☐ No ☐

If the answer is yes, go to question 3A to the right. Otherwise, go to Question 4 below.

3A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 3B. If no, **you are done. Go to Section 9 of the application.**

3B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than 100 employees? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Box 4. Is the business primarily involved in processing seafood (seafood processor)?

Yes ☐ No ☐

If the answer is yes, go to question 1A to the right. Otherwise, go to Question 5 on the next page.

4A) Was the business active prior to this year?

Yes ☐ No ☐

If yes, go to question 4B. If no, **you are done. Go to Section 9 of the application.**

4B) What was the most recent year the business was active prior to this year?

_____

Did the business have more than 750 employees? Yes ☐ No ☐

You are done. Go to Section 9 of the application.

Next page

Box 5. Is the organization an Environmental, Conservation and Wildlife, or Professional Non-Profit Organization?

Yes ☐ No ☐

5A) Was the organization active prior to this year?

Yes ☐ No ☐

If yes, go to question 5B.

If no, **STOP! You are done.**

5B) What was the most recent year the organization was active prior to this year?

_____

Did the organization have more than $15 Million in gross receipts? Yes ☐ No ☐

STOP! You are done.

Box 5. Is the organization some other Non-Profit Organization (e.g., business association)?

Yes ☐ No ☐

If the answer is yes, go to question 6A to the right. Otherwise, go to Question 7 below.

6A) Was the organization active prior to this year?

Yes ☐ No ☐

If yes, go to question 6B.

If no, **STOP! You are done.**

6B) What was the most recent year the business was active prior to this year?

_____

Did the organization have more than $7.5 Million in gross receipts? Yes ☐ No ☐

STOP! You are done.

7) The business or organization must be primarily involved in another industry not related to fishing or seafood.

Refer to SBA's list of North American Industry Classification System (NAICS) codes

(see https://www.sba.gov/document/support--table-size-standards) and enter the NAICS code for your primary activity here:

☐

Based on the applicable SBA size standard, check the appropriate box to indicate if the business or organization is Large or Small and report the year on which that conclusion was based.

Large ☐ Small ☐ Year: ☐ **STOP! You are done.**

SECTION 9 - SIGNATURE FOR APPLICATION - REQUIRED

If the Wreckfish Shareholder is not the vessel owner, the undersigned certifies and documents that the vessel owner or operator is an employee, contractor or agent of the shareholder.

Applicant Signature		Position in Business		Date	
Print Name		Designated Operator Signature		Date	