Captain's Name: Vessel I	Name:
Documentation/Vessel Number: Overa	all Length:(ft)
Crew Size:(include skipper) Bunk Capacity:	Life Raft Capacity:
Contact Person/Telephone Number(s):	
Communication Equipment (please check)	Commercial Fishing Vessel Safet Examination Decal
Cellular phone:	Serial Number:
VHF:	Date of issuance:
Single Side Band:	Month Year
Call sign:	
Vessel Fishing Status:	
Port of Departure:	
Dock Facility:	
Street:	
	nte:
Telephone Number: ()	
Departure Date: Departure Time	: (AM or PM)
Expected Landing Port:	
Dock Facility:	
Street:	
	nte:
Геlephone Number: ()	
Anticipated Landing Date:	

This form is provided for your response. Please provide the information requested below and return by mail

PAPERWORK REDUCTION ACT STATEMENT: Collection of information through the observer program provides data for stock assessments and estimates of bycatch. Public reporting burden for completing the vessel information form above is estimated at 2 minutes per response. Send

comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is mandatory for managing HMS fisheries under the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) In accordance with NOAA Administrative Order 216-100, it is agency policy not to release confidential information, other than in aggregate form. 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. This is an approved information collection under OMB#0648-0374 and expires May 30, 2005.