



**Instructions
APPLICATION FOR
AMERICAN FISHERIES ACT (AFA)
MOTHERSHIP PERMIT**

Complete a separate application for each Mothership Type or print legibly in ink; retain a copy of completed application. Completed forms should be mailed to:

National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, AK 99802-1668

If you have questions about these permits, please call RAM at 907-586-7202 or 1-800-304-4846.

BLOCK A - MOTHERSHIP INFORMATION

To be an **AFA Mothership** your vessel must be one of the three named in the AFA, Section 208(d) [see below].

- (1) EXCELLENCE (United States Coast Guard (USCG) documentation number 967502);
- (2) GOLDEN ALASKA (USCG documentation number 651041); and
- (3) OCEAN PHOENIX (USCG documentation number 296779).

Are you applying for a cooperative processing endorsement on the AFA mothership permit? Indicate YES or NO.

If Yes, complete Block C.

If the information provided in Block D changes, you must submit an amended application within 30 days of the date of the change.

1. Enter complete mothership name as displayed in official documentation.
2. ADF&G Processor Code - Enter State of Alaska Department of Fish & Game (ADF&G) Intent to operate processor license number (example: F12345).
3. From USCG official documentation, enter:
 - USCG documentation number (example: 566722).
 - Gross tons.
 - Shaft horsepower
 - Registered Length (in feet)
4. Federal Fisheries permit number

BLOCK B - OWNERSHIP INFORMATION

1. Enter the full name(s) of the processor owner(s). If there is more than one owner, list the principal owner first. The permit will be issued to the first owner listed, with an *et al.* notation. The permit **MUST** be issued to the owner of the vessel or processor, not operators or lessees.
2. Enter social security number (voluntary) or tax identification number of owner.

PRIVACY ACT STATEMENT: Your social security number is confidential and is protected under the Privacy Act. Disclosure of your Social Security Number (SSN) is voluntary. The primary purpose for soliciting the social security number is to provide a unique identifier to verify the identity of the applicant(s) for issuance of a federal fishery permit and to avoid inappropriate release of confidential records related to federal commercial fishery permits. In the event it is not provided, NMFS will assign a unique code that will identify your records.

3. Enter complete PERMANENT business mailing address of the owner, including state and zip code. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your PERMANENT business address on the application and attach a note with your alternate address.
4. Enter business telephone number of the owner, including area code.
5. Enter business FAX number of the owner, including area code.
6. Enter business E-mail of the owner.
7. Enter the name of any company (other than the owner) that manages the operations of the processor

BLOCK C - AFA CRAB FACILITY OWNERSHIP INFORMATION

If you are applying for a cooperative pollock processing endorsement, list the following for each AFA crab facility. This requirement is necessary because NMFS must identify and issue crab processing restrictions to any AFA entity that owns or controls an AFA mothership that receives pollock harvested by a cooperative.

Attach additional sheets, if necessary, to list all entities and facilities.

Name of facility

Type of facility

ADF&G processor code

Percentage of ownership or control of that is affiliated with the AFA entity that owns or controls the AFA mothership

Owner name and signature certifying authorization of public release of 1995-1998 total processing history of each BSAI king and Tanner crab species

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 2 hour 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 aspect of this collection of information, including suggestions for reducing the burden, to Sustainable Fisheries, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the American Fisheries Act; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of all persons seeking to participate in the groundfish fisheries under authority of AFA; 5) This information is mandatory and is required to manage commercial fishing effort under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 6) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). It is also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.
