Revised 3/14/03 OMB No.0648-0334, expires 12/31/04



APPLICATION FOR SCALLOP LICENSE

U.S. Dept. of Commerce/NOAA National Marine Fisheries Service Restricted Access Management Program P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax



BLOCK A - Scallop Moratorium Permit Number:		THIS BLO	THIS BLOCK FOR NMFS USE ONLY		
Assigned License Number					
BLOCK B - APPLICANT					
1. Name(s)			2. SSN (optional) o	SSN (optional) or Tax ID	
3. Business Mailing Address (street or P.O. Box, city, state, zip code)			4. Business Teleph	. Business Telephone	
5. Agent or Managing Company, if any			6. Business FAX	Business FAX	
7. Is the applicant a U.S. citizen, or a U.S. business (corporation, partnership, or other association)? [] Yes [] No					
BLOCK C - QUALIFYING LANDINGS					
[] 1996 [] 1997 [] 1998 (through October 9, 1998 only) 2. Indicate Registration Area(s) in which you are claiming qualifying landings. [] Registration Area H (Cook Inlet) [] Outside Registration Area H					
BLOCK D - LIST VESSELS USED FOR QUALIFYING LANDINGS					
Vessel Name	2. ADF&G Number	3. U.S. Coast Guard Number	4. Length Ov	4. Length Overall (in feet) on 2/8/99	
1. Vessel Name	2. ADF&G Number	3. U.S. Coast Guard Number	Coast Guard Number 4. Length Overall (in feet) on 2/8/99		
1. Vessel Name	2. ADF&G Number	3. U.S. Coast Guard Number	4. Length Ov	4. Length Overall (in feet) on 2/8/99	
BLOCK E - CERTIFICATION					
Under penalties of perjury, I declare that to the best of my knowledge and belief, the information presented on this Application is true, correct and complete.					
1. Signature 2. A		pplicant's name (print or type)		3. Date	
4. Title, if Agent					