Please fax this completed form to: NOAA Fisheries Office For Law Enforcement VMS Fax number: $\underline{\text { 907-586-7703 }}$


## VMS Fax

Note: Please register your VMS unit with an approved service provider prior to using this fax.

Date:

Vessel Name: $\qquad$
Federal Fisheries Permit \#: $\qquad$

Contact Person: $\qquad$
Contact Phone: $\qquad$

## MAR-GE Unit \#:

or
INMARSAT Mobile \#:

## Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to average 0.2 hours 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 Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802 (Attn: Lori Gravel-Duval).

## Additional Information

Before completing this form please note the following: 1) NMFS cannot 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 manage the VMS data collection program for groundfish fisheries; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort.

