

MARINE MAMMAL AUTHORIZATION PROGRAM

Registration Form

Regulations implementing section 118 of the Marine Mammal Protection Act (50 CFR 229.4) requires the owner of a commercial fishing vessel engaged in a Category I or II fishery to obtain an authorization for the incidental take of marine mammals. Failure to obtain an authorization, or to maintain a current and valid authorization, shall subject vessel owners to the penalties of the Marine Mammal Protection Act. If you will be participating in one of the Category I or II fisheries listed on the insert of this application, complete the following:

Please **PRINT LEGIBLY and in CAPITAL LETTERS**, all responses in the blocks provided. See page 6 for complete instructions.

VESSEL NAME	VESSEL STATE REG. NO. / COAST GUARD DOC. NO. LENGTH (Ft)										
HOME PORT OF VESSEL - CITY	STATE COMM. VESSEL LIC. NO.										
TIOME FOR THE SECTION OF THE SECTION	STATE GOMINI. VESSEE EIS: NO.										
LAST NAME OF PRIMARY VESSEL OWNER	FIRST NAME OF PRIMARY VESSEL OWNER M.I.										
LAST NAME OF SECONDARY VESSEL OWNER (if applicable) FIRST NAME OF SECONDARY VESSEL OWNER M.I.											
CORPORATE NAME (if applicable)											
MAILING ADDRESS (for business correspondence)											
CITY	STATE ZIP CODE										
	STATE ZIF CODE										
TELEPHONE NUMBER (including area code) FAX NUMBER (including area code)											
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	FAX NUMBER (including area code)										
TELEPHONE NUMBER (including area code) -											
LAST NAME OF OPERATOR (if different than owner)											
TELEPHONE NUMBER (including area code) -											
LAST NAME OF OPERATOR (if different than owner)											
LAST NAME OF OPERATOR (if different than owner)											
LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence)	FIRST NAME OF OPERATOR M.I.										
LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence)	FIRST NAME OF OPERATOR M.I.										
LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence)	FIRST NAME OF OPERATOR M.I.										
LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence) CITY	FIRST NAME OF OPERATOR M.I. STATE ZIP CODE -										
TELEPHONE NUMBER (including area code) LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence) CITY TELEPHONE NUMBER (including area code)	FIRST NAME OF OPERATOR M.I. STATE ZIP CODE -										
LAST NAME OF OPERATOR (if different than owner) MAILING ADDRESS (for business correspondence) CITY	FIRST NAME OF OPERATOR STATE ZIP CODE FAX NUMBER (including area code)										

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Certification

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THE ABOVE NAMED VESSEL (OR NON-VESSEL FISHING GEAR), OR THAT I AM AUTHORIZED TO REGISTER FOR THIS AUTHORIZATION ON BEHALF OF THE OWNER, THAT I HAVE REVIEWED ALL INFORMATION CONTAINED IN THIS DOCUMENT, AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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Signature											Date																																		
	F THIS REGISTRATION IS SIGNED BY A PERSON OTHER THAN THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE ABOVE-NAMESSEL, PLEASE COMPLETE THE FOLLOWING:															ME																													
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Mail this completed registration form, along with a check in the amount of \$25.00, payable to the National Marine Fisheries Service, to the nearest NMFS regional office listed below.

(Please allow 30 days for processing):

Marcia Hobbs NMFS Northeast Region One Blackburn Dr Gloucester, MA 01930 978 / 281-9328

e-mail: Marcia.Hobbs@noaa.gov

Teletha Griffin NMFS Southeast Region 9721 Executive Center Dr North St. Petersburg, FL 33702 727 / 570-5312

e-mail: Teletha.Griffin@noaa.gov

Don Petersen NMFS Southwest Region 501 West Ocean Blvd, Suite 4200 Long Beach, CA 90802 562 / 980-4024

e-mail: Don.Petersen@noaa.gov

This collection of information is mandated by the Marine Mammal Protection Act (16 U.S.C. 1387) and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to approximate fishing effort in various fisheries which impact marine mammal populations in U.S. waters and to alert vessel owners of applicable rules and regulations regarding the incidental take of marine mammals in commercial fishing operations. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for new applications and 9 minutes per response for renewals, 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 this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910, (301) 713-2332.

The National Marine Fisheries Service may not codisplays a current and valid OMB control number.	onduct or sponsor, and a person The OMB Control number for this	is not required to respond to, a collect form is 0648-0293, which expires on 0	tion of information unless it 19/30/2004.