



**APPLICATION FOR
AMERICAN FISHERIES ACT (AFA)
PERMIT FOR
REPLACEMENT VESSEL**

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



BLOCK A - IDENTIFICATION OF LOST AFA QUALIFIED VESSEL

1. Vessel Name:		2. ADF&G Vessel Registration Number:		3. U.S. Coast Guard Documentation Number:		4. AFA Permit Number:		
5. Gross Tons:			6. Shaft Horsepower:			7. Registered Length:		
8. Owner Name(s):						9. SSN (optional) or Tax ID:		
10. Business Mailing Address:								
11. Business Telephone Number:			12. Business FAX Number:			13. Business E-mail Address:		
14. What was the last year in which this vessel harvested or processed pollock in a BSAI directed pollock fishery?								
15. How was the vessel lost or destroyed?								
U.S. Coast Guard form 2692 or insurance papers verifying the loss must be attached.								

BLOCK B - IDENTIFICATION OF REPLACEMENT VESSEL
U.S. Coast Guard Documentation for this vessel must be attached to this application

1. Vessel Name:		2. ADF&G Vessel Registration Number:		3. U. S. Coast Guard Documentation Number:	
4. Gross Tons:		5. Shaft Horsepower:		6. Registered Length:	
7. Net Tons:		8. Current Length Overall:		9. Federal Fisheries Permit: (if known)	
10. Owner Name(s):				11. SSN (optional) or Tax ID:	
12. Business Mailing Address:					
13. Business Telephone Number:		14. Business FAX Number:		15. Business E-mail Address:	
16. Was the vessel built in the United States? Yes [] No []					
17. Has the vessel ever been rebuilt? Yes [] No []					
If Yes, was it rebuilt in the United States? Yes [] No []					

BLOCK C - CERTIFICATION OF APPLICANT AND NOTARY

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.

1. Signature of Owner

2. Date:

3. Printed Name of owner

4. Notary Public: ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

Please mail completed application to:

**NMFS Alaska Region,
Restricted Access Management,
P.O. Box 21668, Juneau, AK 99802-1668.**

If you need additional information, contact RAM at 1-800-304-4846 or 907-586-7202 (in Juneau).

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.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the 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 persons seeking to participate in groundfish fisheries under authority of AFA.
