



**National Marine Fisheries Service  
Greater Atlantic Region/Permit Office  
978-282-8438 or 8437**



**Initial/Renewal\* Application for a Vessel Operator Permit**

Operator cards are required for any operator of a charter/party boat and or a commercial vessel (including carrier and processor vessels) issued a vessel permit from the Greater Atlantic Region and possessing or fishing for Atlantic Sea Scallops, Northeast Multispecies, Spiny Dogfish, Monkfish, American Lobster, Atlantic Herring, Atlantic Surfclam, Ocean Quahog, Maine Mahogany Quahog, Atlantic Mackerel, Loligo Squid, Illex Squid, Butterfish, Scup, Black Sea Bass, Tilefish, Skates, Atlantic Deep-Sea Red Crab, Atlantic Bluefish, in or from the EEZ and Mid-Atlantic Forage Species or Atlantic Chub Mackerel within the EEZ from New York through North Carolina.

**FIRST TIME APPLICANTS:** fill in Section 1 below, sign and date the back of this application and return it to us with one (1) passport or ID sized photo that is current and in color (see back). Please make sure your photo is taken without sunglasses on, that it is clear and not too dark.

**IF USING THIS APPLICATION AS A \*RENEWAL:** Fill in Section 1 below, if available, write your 8-digit number on the line below, sign and date the back of this application, and return it to us (mailing address below) with one (1) passport or ID sized photo that is current and in color (see back).

**Your vessel operator number (if available):** \_\_\_\_\_

\*Preprinted renewal applications are automatically mailed to the address on file approximately 35 days prior to the expiration date, but you may use this application to renew your permit. If you mail this application in earlier than 30 days prior to your expiration date it will not be processed until 30 days prior to the expiration date.

**Please complete all sections of this application.  
Incomplete applications will be processed and will be returned.  
Submission of all application information is required.**

**Section 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX\* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / ST / Zip Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_(MO/DAY/YR)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

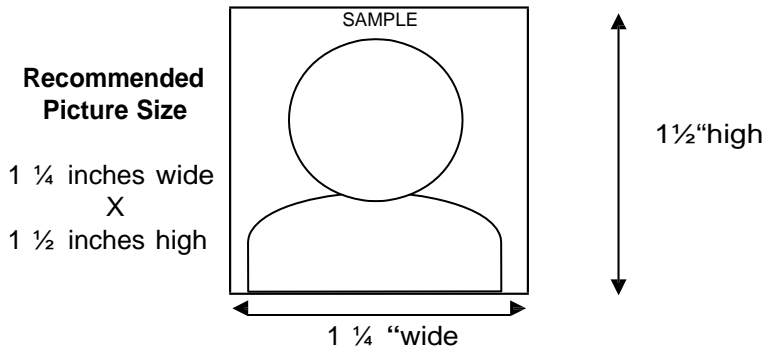
Weight (lbs) \_\_\_\_\_ Height (ft/in) \_\_\_\_\_ / \_\_\_\_\_

\* Jr, Sr, III, IV, etc.

**Please sign and date this application in Section 2 on the back.**

Please enclose ONE color passport or I.D. sized photo of yourself, which is recent and in color. Make sure your picture is taken without sunglasses on, that it is clear and not too dark/light.

**\*PLACE PHOTO IN FOLDED APPLICATION**



(\* PLEASE DO NOT ATTACH IT TO THE APPLICATION WITH TAPE, GLUE OR STAPLES)

Section 2	
<p>I affirm that all information I have given on this application is true and correct. Making a false statement on this application is punishable by law [18 USC 1001]. I understand that violations of Federal fisheries laws and regulations may subject me to criminal and civil penalties including fine and/or revocation of license. As a condition of this operator's permit, I agree that if this permit is suspended or revoked pursuant to 15 CFR part 904, I will not be on board a Federally permitted fishing vessel in any capacity while the vessel is at sea or engaged in offloading.</p>	
<p><b>Signature of Applicant:</b></p>	<p><b>Date:</b></p>

**Return completed applications to:**

**NMFS Permit Office**  
**55 Great Republic Drive**  
**Gloucester, MA 01930-2276**  
 Telephone: (978) 282-8438 or 8437

Permit holder name, address, phone number, and the status of the holder's permit will be released via a NOAA Fisheries website. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, 55 Great Republic Drive, Gloucester, MA 01930-2276. The purpose and use of these permits are to (1) register industry participants and fishing vessels, (2) exercise influence over compliance, (3) provide a mailing list for the dissemination of important information to the industry, (4) register participants to be considered for limited entry, and (5) provide a universe for data collection samples. Both the MSFCMA and Executive Orders 12866 et al, require the determination of this information. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.