
	<p><b>APPLICATION FOR A FEDERAL CRAB VESSEL PERMIT (FCVP)</b></p>	<p>U.S. Department of Commerce NOAA Fisheries Service, Alaska Region Restricted Access Management (RAM) Post Office Box 21668 Juneau, Alaska 99802-1668 (800) 304-4846 toll free / 586-7202 in Juneau (907) 586-7354 fax</p>	
<ul style="list-style-type: none"> <li>◆ All vessels participating in the Bering Sea/Aleutian Island crab rationalization fisheries must have a valid Federal Crab Vessel Permit on board at all times. This Application is used to obtain and/or to amend the Permit.</li> <li>◆ Permits are annual, issued for a crab fishing year (July 1 through June 30).</li> <li>◆ Only U.S. Citizens are authorized to receive or to hold a Federal Crab Vessel Permit.</li> </ul>			

<b>BLOCK A – NATURE OF APPLICATION</b>
<p>Indicate whether this application is:</p> <p><input type="checkbox"/> A request for a new Permit</p> <p>If the application renews or amends an existing Permit, print the current Federal Crab Vessel Permit Number. <input type="checkbox"/> A renewal of an existing Permit      Permit Number: _____</p> <p><input type="checkbox"/> An amendment to an existing Permit      Permit Number: _____</p> <p>If the application is for a new Permit or amends an existing permit by changing the owner(s), include a copy of the <i>U.S. Coast Guard Abstract of Title</i> or the <i>Certificate of Documentation</i>.</p>

<b>BLOCK B – VESSEL INFORMATION</b>		
1. Name of Vessel:	2. Home Port ( <i>city and state</i> ):	3. ADF&G Processor Code ( <i>if any</i> ):
4. Is the Vessel a “Vessel of the United States”?  <input type="checkbox"/> YES <input type="checkbox"/> NO  If NO, the applicant is not eligible for an FCVP; this application will be denied.		5. USCG Documentation Number:
7. Length Overall (LOA) _____ ft.  Registered Length: _____ ft.		6. ADF&G Vessel Registration Number:  8. Gross Tonnage: _____  Net Tonnage: _____
9. Shaft Horsepower: _____		
10. Indicate below the type(s) of crab operation(s) for which the vessel may be used during the crab fishing year:  <input type="checkbox"/> Catcher Vessel <input type="checkbox"/> Catcher-Processor <input type="checkbox"/> Stationary Floating Crab Processor		

**BLOCK C<sub>1</sub> – VESSEL OWNER INFORMATION**

1. Primary Owner's Name:

2. Primary Owner's Permanent Business Address:

3. Primary Owner's Temporary Business Address  
(if any):

4. Business Telephone Number:

5. Business Fax Number:

6. Business E-Mail Address:

7. Name of Managing Company (if any):

**BLOCK C<sub>2</sub> – ADDITIONAL OWNER INFORMATION**

***Complete for each Vessel Owner - (Duplicate as necessary to provide information on all owners)***

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

1. Name of Additional Vessel Owner:

2. Additional Owner's Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

**BLOCK D – DESIGNATED REPRESENTATIVE FOR EDR**

The owner of a vessel that participates in any of the BSAI Crab Rationalization fisheries is responsible for submitting a crab “Economic Data Report” (EDR) to the NMFS-authorized data collection agent. In the space below, please provide the name and contact information of the individual who is responsible for insuring that the EDR is completed and timely submitted. The EDR forms will be sent to the address of the Designated Representative set out below. If the Designated Representative changes, the owner must provide NMFS with the name and contact information for the new Designated Representative within 30 days of the change.

1. Name of Designated Representative for EDR:

2. Designated Representative’s Permanent Business Address:

3. Business Telephone Number:

4. Business Fax Number:

5. Business E-Mail Address:

**BLOCK E – CERTIFICATION**

*Under penalty of perjury, I certify by my signature below that I have examined the information and the claims provided on this application and, to the best of my knowledge and belief, the information presented here is true, correct, and complete.*

Signature of Applicant or Applicant’s Representative:

Date Signed:

Printed Name of Applicant or Applicant’s Representative:

(Note: If completed by the Applicant’s Representative, **attach** authorization)

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 21 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, National Marine Fisheries Service (NMFS), Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of 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; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 680, under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*) and under 16 U.S.C. 1862(j); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

Application for  
a  
FEDERAL CRAB VESSEL  
PERMIT

- A catcher vessel, catcher/processor, or a stationary floating processor) that is participating in the Bering Sea and Aleutian Islands Management Area (BSAI) Crab Rationalization (CR) Program in any way must have on board a valid Federal Crab Vessel Permit (FCVP).
- An FCVP is issued on an annual basis to the owner of the vessel and is in effect from the date of issuance through the crab fishing year for which the permit was issued (July 1 through June 30).
- Vessels that participate in any of the CR fisheries are required to have on board, and to use, a Vessel Monitoring System (VMS), while the CR fisheries are open, regardless of where the vessel is fishing (including State of Alaska waters) or for what the vessel is fishing.

This application cannot be processed or approved unless applicant has met all the requirements and conditions of the CR Program, including (as appropriate)

- ◆ Payment of all outstanding fees must be submitted to NMFS on or before July 31.

Submit the completed application:

by mail to: NMFS Alaska Region  
Restricted Access Management  
(RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668

or deliver to: Room 713, Federal Building  
709 West 9th Street  
Juneau, AK 99801

or fax to: 907-586-7354

If you need assistance in completing this application or need additional information, call Restricted Access Management at **(800) 304-4846 (Option 2) or (907) 586-7202 (Option 2)**.

RAM's program information, applications, and reports can also be located on the Alaska Region Internet site at <http://alaskafisheries.noaa.gov>.

**Additionally**

- ◆ Type or print legibly in ink.
- ◆ Retain a copy of completed application for your records.
- ◆ Do not wait until right before an opening to apply for your permit, as you may not receive it on time.

## **COMPLETING THE APPLICATION**

### **BLOCK A – NATURE OF APPLICATION**

Indicate the reason the application is submitted

- ◆ A new Permit  
Attach a valid USCG Abstract of Title or Certificate of Documentation for the vessel
- ◆ A renewal of an existing Permit. Enter the Permit Number
- ◆ An amendment to an existing Permit. Enter the Permit Number

### **BLOCK B – VESSEL INFORMATION**

1. Enter the name of the Vessel for which the Application is being submitted.
2. Enter the Vessel's Home Port (*city and state*).
3. Enter the ADF&G Processor Code (*if any*).
4. Indicate (YES or NO) whether the Vessel is a "Vessel of the United States."  
**If NO**, the applicant is not eligible for an FCVP, and this application will be denied.
5. Enter the Vessel's USCG Documentation Number.
6. Enter the Vessel's Alaska Department of Fish and Game (ADF&G) Vessel Registration Number.
7. Enter the Vessel's length overall and registered length.
8. Enter the Vessel's Gross Tonnage and Net Tonnage.
9. Enter the Vessel's Shaft Horsepower.
10. Indicate the type(s) of crab operation(s) in which the Vessel will be engaged.

### **BLOCK C<sub>1</sub> – VESSEL OWNER INFORMATION**

1. Enter the name of the Primary Owner (*Contact Owner*). This person must be listed on the USCG Vessel Documentation as an owner of the vessel.
2. Enter the Primary Owner's Permanent Business Address.
3. Enter the Primary Owner's Temporary Business Address (*if any*). This is the address to which notices and other information regarding the vessel permit will be sent.
- 4-6. Enter the Primary Owner's business telephone number, business fax number, and E-Mail address.
7. Enter the name of the Vessel's Managing Company (*if any*).

## **BLOCK C<sub>2</sub> – ADDITIONAL OWNER INFORMATION**

For each additional owner (in addition to the Primary Owner) enter the requested information. Duplicate the form as necessary to include the requested information on all of the Vessel's owners as listed on the USCG Vessel Documentation.

## **BLOCK D – DESIGNATED REPRESENTATIVE FOR EDR**

Please provide the name and contact information of the individual who is responsible for insuring that the Crab EDR is completed and timely submitted. The EDR forms will be sent to the address of the Designated Representative.

If the Designated Representative changes, the owner must provide NMFS with the name and contact information for the new Designated Representative within 30 days of the change.

## **BLOCK E – CERTIFICATION**

Enter printed name, signature, and date signed. **Attach** authorization if the application has been completed by the Applicant's representative.