

**OBSERVER/CATCH MONITOR
PROVIDER PERMIT
APPLICATION FORM
PACIFIC COAST GROUND FISH
FISHERY**

**UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
National Marine Fisheries Service, West Coast Region
Fisheries Permits Office**
7600 Sand Point Way NE, Bldg. 1
Seattle, WA 98115-0070



Phone (206) 526-4353 *Fax* (206) 526-4461
<http://www.westcoast.fisheries.noaa.gov/>

INSTRUCTIONS

This form must be completed and submitted to the National Marine Fisheries Service (NMFS) at the address given above to apply for a provider permit. The provider permit authorizes an entity to provide observer and/or catch monitors to participants in the Pacific Coast Groundfish fishery. The permit is effective upon approval by NMFS and expires December 31st. You may apply for a provider permit at any time, however if you want the permit to be effective on January 1 of the following year, you must submit your permit application **no later than October 31st**.

Section A – Provider Information

The applicant must provide their legal name as registered in a U.S. state, tax identification number and indicate the state they are registered in. Also, the applicant must provide their business mailing address, business phone number and, optionally, fax number and email address.

Section B –Endorsements

The applicant must indicate whether they are requesting an observer endorsement or catch monitor endorsement or both. If the applicant requests one endorsement and at a later time wishes to obtain the second endorsement, a separate application must be completed and submitted to NMFS.

Section C – List of Current Owners, Board Members, Officers, Authorized Agents and Employees

Please provide the name and date of birth of the all current owners, board members, officers, authorized agents and employees of the applicant organization. Also, identify the role(s) of each individual using the abbreviations associated with each role. The term “employee” does not include observers or catch monitors but rather individuals who work in support of applicant entity and carryout administration and activities in support of the provider (e.g.; recruiting, hiring, deployment, accounting, database management). Similarly, the term “authorized agent” refers to an individual authorized by the applicant owners or management to carry out certain legally binding business activities.

Section D – Description of Management and Organization Structure

Describe the management and organizational structure of the applicant entity. This narrative should provide, but is not limited to, a general description of the general operational units of the organization, the staff assigned to such units and their title/responsibilities and the supervisory structure of the organization. Also, list all office locations including the business addresses, phone numbers, and optionally fax numbers, email addresses the name of a contact at each location. If the applicant is a corporation, please provide a copy of the articles of incorporation and if the applicant is a partnership, the partnership agreement. You may want to include an organizational chart in this section or append to the application.

Section E – Applicant Prior Experience and Qualifications

For each of the endorsements you are applying for, please describe any prior relevant experience or qualifications the applicant may have that would qualify them for this permit and endorsement. Prior relevant experience includes but is not limited to: recruiting, hiring, deployment, personnel administration and placing/supporting individuals in remote field or marine work environments. Qualification elements may include the knowledge, expertise or educational backgrounds of owners and employees.

Section F – Description of Ability to Carry out Required Responsibilities/Duties

For each of the endorsements you are applying for, please describe your ability to carry out the required responsibilities and duties listed for observer and/or catch monitor providers as described in regulation. You may use the space provided below to describe experience/qualification or attach to the application a written narrative. For an observer endorsement please refer to the following regulations to see the specific responsibilities and duties: observers on vessels in the shorebased fishery: 50 CFR 660.140(h); mothership fishery: 50 CFR 660.150(j) and catcher processor fishery: at 50 CFR 660.160(g). For catch monitor endorsement please refer to the regulations at 50 CFR 660.17(e). Please note that the requirements for observers for various fisheries and catch monitors may be unique and need to be specifically addressed in your application.

Section G – Conflict of Interest, Criminal Convictions, Performance Ratings on Federal Contracts and Decertification

In this section, the authorized representative who will certify the application in Section G, must under penalty of perjury, either affirm OR not affirm that all current owners, board members, officers, authorized agents and employees are free from conflict of interest as defined in 50 CFR 660.18(c)(3), criminal convictions, an unsatisfactory performance rating on a Federal contract, and a previous decertification action while working as an observer, catch monitor, observer provider, or catch monitor provider. If the authorized representative specifies “Do Not Affirm” for any of the above or is unsure, the applicant must provide a written statement providing relevant information describing why you cannot affirm for any of the four items given.

Section H – Certification of Applicant and Notary

The applicant’s authorized representative must sign and date this form in the presence of a notary to certify that the individual signing the form has been satisfactorily identified. By signing and dating the form, the authorized representative acknowledges they are authorized to make the certification on behalf of the provider, and certifies that all information set forth in the application (both in the form and appended to the form) is true, correct and complete to the best of their knowledge and belief. The authorized representative must print their name. The form must be signed, dated and notarized to be considered complete.

Supplemental Documentation

Please provide any additional information or documents you feel may support your request for a provider permit and endorsement(s).

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Section A – Applicant Information

1. Legal Name of Applicant		2. TIN (if business) or DOB (if person)	
		3. State Registered In (if business)	
4. Business Mailing Address <i>Street or PO Box</i>		5. Business Phone Number ()	
		6. Business Fax Number (<i>optional</i>) ()	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	7. Business Email (<i>optional</i>)

**Section B – Endorsement Request
[Check one or both]**

Observer Endorsement

Catch Monitor Endorsement

Section D – Description of Management and Organizational Structure

Please describe the management and structure of the applicant organization. At a minimum, such description should provide the general functional responsibilities of various staff, all office locations and their business addresses, business phone number, fax number and email addresses. Also, if a corporation attach articles of incorporation or if a partnership, attach the partnership agreement.

Section E – Applicant Prior Experience and Qualifications

For the endorsement(s) you are applying for, please describe **any prior relevant experience or qualifications** the applicant may have that would qualify them for this provider permit/endorsement(s). Prior relevant experience includes but is not limited to: recruiting, hiring, deployment, personnel administration and placing/supporting individuals in remote field or marine work environments. Qualification elements may include the knowledge or educational background of owners and employees.

Observer Endorsement:

Catch Monitor Endorsement:

Section F – Description of Ability to Carry out Required Responsibilities/Duties

For the endorsement(s) you are applying for, please describe your ability to carry out the required provider responsibilities and duties listed for observers and/or catch monitors as described in regulation. You may use the space provided below to describe experience/qualification or attach to the application a written narrative.

Observer Endorsement: (see responsibilities/duties described for observers on vessels in the shorebased fishery: at 50 CFR 660.140(h); mothership fishery at 50 CFR 660.150(j) and catcher processor fishery at 50 CFR 660.160(g).)

Catch Monitor Endorsement: (responsibilities/duties given at 50 CFR 660.17(e))

Section G – Conflict of Interest, Criminal Convictions, Negative Performance Ratings on Federal Contracts, and Decertification

Under penalty of perjury, I either Affirm **or** Do Not Affirm as specified below, that all owners, board members, officers, authorized agents, and employees, are free from the following:

Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Conflict of interest as described in 50 CFR § 660.18 (c)(3)
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Criminal convictions
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Any previous Federal contract with an unsatisfactory performance rating
Affirm <input type="checkbox"/>	Do Not Affirm <input type="checkbox"/>	Any previous decertification action while working as an observer, catch monitor, observer provider, or catch monitor provider

Please Note: If you cannot affirm any of these statements or are unsure, check “Do Not Affirm” and attach to the application relevant information to enable NMFS to make a decision.

Section H – Certification of Applicant and Notary

This section must be completed by a notary to certify that the individual(s) have satisfactorily identified themselves.

Under penalties of perjury, I hereby declare that I, the undersigned, am authorized to certify this application on behalf of the applicant and completed this form, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.

Signature of Authorized Representative	Date
Printed Name of Authorized Representative	
Notary Public Signature	<input type="checkbox"/> ATTEST
<i>Date Commission Expires</i>	Affix Notary Stamp or Seal Here

WARNING STATEMENT: A false statement on this form is punishable by permit sanctions (revocation, suspension, or modification) under 15 CFR Part 904, a civil penalty up to \$100,000 under 16 USC 1858, and/or criminal penalties including, but not limited to, fines or imprisonment or both under 18 USC 1001.

PRIVACY ACT STATEMENT: Some of the information collection described above is confidential under section 402(b) of the Magnuson-Stevens Act and under NOAA Administrative Order 216-100, Protection of Confidential Fisheries Statistics. TIN or DOB, business phone number, fax number, and email, and the names of individuals listed as contacts are not released to the public. The information collected is part of a Privacy Act System of Records, COMMERCE/NOAA #19, Permits and Registrations for United States Federally Regulated Fisheries. An amended notice was published in the Federal Register on August 7, 2015 (80 FR 47457) and became effective on September 15, 2015 (80 FR 55327).

PRA STATEMENT: Public reporting burden for this collection of information is estimated to average 10 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 suggestions for reducing this burden to NOAA/National Marine Fisheries Service, West Coast Region, Attn: Assistant Regional Administrator, Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA 98115. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.