OMB No. 0648-0205
Approval Expires: 12/31/2003

Attach Photographs Here

2" x 2" (no smaller)

FEDERAL APPLICATION FOR SOUTH ATLANTIC ROCK SHRIMP OPERATOR'S LICENSE
U.S. DEPARTMENT OF COMMERCE, NOAA
NMFS PERMITS TEAM,F/SER22
9721 EXECUTIVE CENTER DRIVE N.
ST. PETERSBURG, FL 33702
727/570-5326 (8am - 4:30pm EST)
http://caldera.sero.nmfs.gov

FOR OFFICE USE ONLY
CHECK/MONEY ORDER NO.
REVIEWER'S INITIALS/DATE:
Expiration Date:

Fee Amount: $50
Replacement Fee: $18

GENERAL INSTRUCTIONS – Please provide all information requested on this application form. See application instructions for additional instructions. Type or print legibly in block letters. Submit required supporting documentation and $50 fee made payable o: U.S. Treasury. Note that fees are non-refundable. FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD RESULT IN THE DELAY OR DENIAL OF YOUR LICENSE APPLICATION.

SECTION 1 VESSEL OPERATOR (type or print legibly)

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET ADDRESS (NO P.O. BOX ADDRESSES WILL BE ACCEPTED)	CITY

STATE	COUNTY/PROVINCE	ZIPCODE

SECTION 2 MAILING ADDRESS (if different from Section 1)

STREET ADDRESS/POST OFFICE BOX	CITY

STATE	COUNTY/PROVINCE	ZIPCODE

SECTION 3 PERSONAL IDENTIFYING INFORMATION

DATE OF BIRTH **(MM/DD/YYYY)**	PLACE OF BIRTH **(City and State)**

SEX	EYE COLOR	HAIR COLOR	WEIGHT (lbs)	HEIGHT (ft, inches)	PHONE NUMBER

Application Instructions

Provide two recent color, unobstructed (i.e. no sunglasses, no hats, plain background) passport size photos (2 in. X 2 in.) no more than 1 year old. Please do not staple. The ID card is good for three years unless a change in personal information shown on the card is made.

If change occurs, please notify the Southeast Regional Permit office in writing with a check/money order in the amount of $18 within 30 days of change. A new ID card will be issued with the changes.

SECTION 4 SIGNATURE (All applications must be signed and dated)

Signature	**Date**:

Name: (print legibly or type)