Deep-Set Buoy Gear Exempted Fishing Permit Application Form

Please reference the instructions for specifics on filling out your application.

2) A					
	plicant(s)*: Name: Raymond M Kennedy	Phone No: (805) 6807046 _			
u)	Email: raydefiance@aol.com	1 Holle 140. (000) *******			
	Address: 4380 Via Esperanza Santa Barbara, CA 93110				
		leld: Resident Commercial License, Spiny Lobster, HMS permit			
		state or federal violations in any commercial fishery? Yes			
b)		Phone No: (
,					
	A d d				
	,	leld:			
	Any history of current/pending	state or federal violations in any commercial fishery? Yes			
3) Nu	mber of vessels*: One				
,	Vessel Name: Rainman	Registration Number: 1272816			
	Name of Operator: Raymond N	Kennedy			
	Commercial Fishing Permits I	leld: Resident Commercial License, Spiny Lobster, HMS permit			
	Any history of current/pending	state or federal violations in any commercial fishery? Yes			
b)	Vessel Name:	Registration Number:			
Í	Name of Operator:				
	•	leld:			
		state or federal violations in any commercial fishery? Yes			
4) Co	mmercial Fishing Experience	of EFP Participants*:			
		Type of participation:			
	2) Other Swordfish gear – Type				
		of Participation:			
a	3) Other gear(s) – Type(s):	of Dorticination. Owner/operator of commercial lobster and crab vessel			
	Years: 27 Type	of Participation: Owner/operator of commercial lobster and crab vessel			
b.	1) DSBG - Years:	Type of participation:			
b.:	2) Other Swordfish gear – Tyne	(s):			
0		of Participation:			
b.:					
٠,,		of Participation:			

5) Proposed EFP duration: 2 years Justification: estimated minimum time frame to c determine viablity	ollect data from experimental fishing gear to
6) Intended DSBG Configuration:	ttachment A)
7) Target Species: possible incidental species including: tuna, three	wordfish only
8) Fishing Area and Effort (indicate all that apply):
a) ✓ Southern California Bight (Point Conception i) Vessels: Rainman	,
ii) Estimate of fishing effort: approximately 45	days per year
	d vessel, primary concentration of effort would estern Channel Islands
	days per year, weather permitting d vessel, primary concentration of effort would
be offshore of the W	lestern Channel Islands
c) Northern California (42° N. latitude to Poir i) Vessels:	
iii) Additional details:	
d) Oregon (Columbia River to 42° N. latitude i) Vessels:):
ii) Estimate of fishing effort:	
iii) Additional details:	

) √ B	yeatch & protected species interactions
	All bycatch to be documented and released
) 🗸 A	ctive gear tending
	limit gear sets to a visual or binocular range, approximately 2-4 square mile area, with immediate access to active strikes.
:) 🔽 G	ear conflicts/number of vessels
How?	Not anticipated in this area. Possible slight interaction with blackcod longline vessels, but different gear types should minimize any conflicts.
d) 🚺 [SBG time and area use
How?	Intention to fish May to October, western Channel Islands area.
e) [7] (ear configuration
	Standard gear configuration, with possible additional flotation
6 [7] 6	oncurrent gear use

10) Reporting Requirements: Please answer questions id	entified in application instructions	
1. Notification to NMFS and CDFW 24 hours prior to	• •	
port. 2. Landing receipts to include notification/information 3. Copy of fish ticket to be sent to NMFS and CDFW	in note pad area.	
11) Observer Coverage		
11) Observer Coverage: I acknowledge that observer coverage may be required verify that I am willing and able to cover the cost of such		
☑ I acknowledge that observer coverage may be require	ch coverage. er coverage requirement, please explain what porti	
I acknowledge that observer coverage may be required verify that I am willing and able to cover the cost of such lifty our are unable to cover the entire cost of the observe you may be able to cover and identify other sources of	ch coverage. er coverage requirement, please explain what porti	