

Deep-Set Buoy Gear Exempted Fishing Permit Application Form

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

1) Application Date: May 11, 2017

2) Applicant(s)*:

a) Name: Steve Masuda Phone No: (916) 8023321 - _____

Email: masudasj@gmail.com

Address: 6390 14th street

Commercial Fishing Permits Held: salmon and tuna

Any history of current/pending state or federal violations in any commercial fishery? Yes No

b) Name: Erik Masuda Phone No: (916) 8040774 - _____

Email: erikmasuda@gmail.com

Address: 6390 14th street

Commercial Fishing Permits Held: salmon and tuna

Any history of current/pending state or federal violations in any commercial fishery? Yes No

3) Number of vessels*: 1

a) Vessel Name: FV Sachiko Registration Number: 984747 documentation

Name of Operator: Steve and Erik Masuda

Commercial Fishing Permits Held: salmon and tuna

Any history of current/pending state or federal violations in any commercial fishery? Yes No

b) Vessel Name: _____ Registration Number: _____

Name of Operator: _____

Commercial Fishing Permits Held: _____

Any history of current/pending state or federal violations in any commercial fishery? Yes No

4) Commercial Fishing Experience of EFP Participants*:

a.1) DSBG - Years: 0 Type of participation: _____

a.2) Other Swordfish gear – Type(s): _____

Years: _____ Type of Participation: _____

a.3) Other gear(s) – Type(s): _____

Years: _____ Type of Participation: _____

b.1) DSBG - Years: _____ Type of participation: _____

b.2) Other Swordfish gear – Type(s): _____

Years: _____ Type of Participation: _____

b.3) Other gear(s) – Type(s): _____

Years: _____ Type of Participation: _____

*List information for additional EFP applicants/vessels/participants on a separate page.

5) Proposed EFP duration: 2
Justification: _____

6) Intended DSBG Configuration: Standard (Attachment A) Modified (please explain)

7) Target Species: _____ Swordfish only Other (please list):

8) Fishing Area and Effort (indicate all that apply):

a) Southern California Bight (Point Conception to the U.S.-Mexico Border):
i) Vessels: FV Sachiko
ii) Estimate of fishing effort: unknown at this time
iii) Additional details: _____

b) Central California (Point Reyes to Point Conception):
i) Vessels: FV Sachiko
ii) Estimate of fishing effort: unknown at this time
iii) Additional details: _____

c) Northern California (42° N. latitude to Point Reyes):
i) Vessels: FV Sachiko
ii) Estimate of fishing effort: unknown at this time
iii) Additional details: _____

d) Oregon (Columbia River to 42° N. latitude):
i) Vessels: FV Sachiko
ii) Estimate of fishing effort: unknown at this time
iii) Additional details: _____

9) Data Gaps: Which of the following data gaps are addressed by your Exempted Fishing Permit application, and how will they be addressed? (See Attachment B) Check all that apply:

a) Bycatch & protected species interactions

How? bycatch will be logged into catch record

b) Active gear tending

How? gear will be actively tended unless risk and safety to crew

c) Gear conflicts/number of vessels

How? gear conflicts will be avoided by professional set and retrieval practices.

d) DSBG time and area use

How? time and use will be set by council recommendationsa

e) Gear configuration

How? will be standard with a max of 30 hooks

f) Concurrent gear use

How? will only be allowed by while actively tending DSBG

10) Reporting Requirements: Please answer questions identified in application instructions.
I will notify NMFS and CDFW by email 24 hours prior to departure and 24 hours prior to return
of fishing trips. Fish tickets and landing reports will have a unique identifier in the note pad
area. Photocopies of fish tickets and landing reports will be sent to designated NMFS and
CDFW contacts. A preliminary and final report will be presented annually including catch data
and all my conclusions and data will be gladly made public.

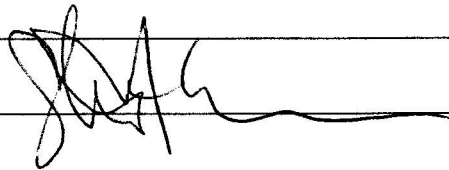
11) Observer Coverage:

I acknowledge that observer coverage may be required on up to 100% of my EFP fishing trips, and verify that I am willing and able to cover the cost of such coverage.

If you are unable to cover the entire cost of the observer coverage requirement, please explain what portion you may be able to cover and identify other sources of funding which may be available to help you cover observer costs.

I'm not sure what I can cover financially at this time. will try to cover 100%

12) Applicant(s) Signature:



5/11/17

Date