

**Deep-Set Buoy Gear Exempted Fishing Permit Application Form**

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

1) Application Date: 04-21-2017

2) Applicant(s)\*:

a) Name: RAMUNAS RYNKEVIC Phone No: ( 310 ) 9482029 - \_\_\_\_\_  
Email: Ramuncix@yahoo.com  
Address: 6645 THILLE ST APT. 150 VENTURA ,CA 93003  
Commercial Fishing Permits Held: CRAB,LOBSTER, DRIFT GILLNET

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

b) Name: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Commercial Fishing Permits Held: \_\_\_\_\_

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

3) Number of vessels\*: 1

a) Vessel Name: KARABAS Registration Number: \_\_\_\_\_  
Name of Operator: RAMUNAS RYNKEVIC  
Commercial Fishing Permits Held: CRAB

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: 5 Type of participation: CRUW,(GROUND FISH LONGLINE)

a.2) Other Swordfish gear – Type(s): DRIFT GILLNET  
Years: 4 Type of Participation: CRUW

a.3) Other gear(s) – Type(s): LOBSTER,CRAB,SEA URCHIN DIVER  
Years: 5 Type of Participation: CRUW

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: FIVE YEARS

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: KARABASAS

ii) Estimate of fishing effort: ALL YEAR

iii) Additional details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b)  Central California (Point Reyes to Point Conception):

i) Vessels: \_\_\_\_\_

ii) Estimate of fishing effort: \_\_\_\_\_

iii) Additional details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c)  Northern California (42° N. latitude to Point Reyes):

i) Vessels: \_\_\_\_\_

ii) Estimate of fishing effort: \_\_\_\_\_

iii) Additional details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d)  Oregon (Columbia River to 42° N. latitude):

i) Vessels: \_\_\_\_\_

ii) Estimate of fishing effort: \_\_\_\_\_

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? I WILL DO ALL COUNCIL AND NATIONAL MARINE FISHERIES RECOMMEND

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b)  Active gear tending

How? GEAR 10 SETS,(3 HOOKS EACH LINE)DIPPER TERMOCLINE)

FOLLOW ALL LOW AND RECOMMEND FROM COUNCIL AND NOAA

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c)  Gear conflicts/number of vessels

How? I WILL TRY AVOID OTHER GEAR AND BOAT, RADIO AND PHONE COMMUNICATION WITH ANOTHER FISHERMENS

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d)  DSBG time and area use

How? DAY TIME,MORE THEN 3 MIELS FROM COAST AND ISLAND

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e)  Gear configuration

How? STANDART DSBG CONFIGURATION AS SHOWN IN ATTACHMENT A

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f)  Concurrent gear use

How? ONLY DSBG

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**10) Reporting Requirements:** Please answer questions identified in application instructions.

**I INTEND TO DO ALL REPORTING REQUIREMENTS THAT ASK FOR**

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**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.

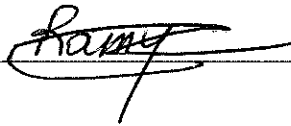
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**12) Applicant(s) Signature:**



04/21/2017

Date