

# Deep-Set Buoy Gear Exempted Fishing Permit Application Form

Agenda Item J.5

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

Attachment 8

September 2017

1) Application Date: \_\_\_\_\_

## 2) Applicant(s)\*:

a) Name: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Commercial Fishing Permits Held: \_\_\_\_\_

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\*:

a) 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

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: \_\_\_\_\_ 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:** \_\_\_\_\_

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: \_\_\_\_\_

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

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b)  Active gear tending \_\_\_\_\_

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c)  Gear conflicts/number of vessels

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d)  DSBG time and area use

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e)  Gear configuration

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f)  Concurrent gear use

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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:** \_\_\_\_\_

Date