

Deep-Set Buoy Gear Exempted Fishing Permit Application Form

JUN 19 2017

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

1) Application Date: 05.15.17

PFMC

2) Applicant(s)*:

a) Name: Alexander Sidenko Phone No: (323) 578-0555
Email: sedoy72@sbcglobal.net
Address: 7371 Fountain ave #109

Commercial Fishing Permits Held: California sea cucumber diving permit

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: AREONA Registration Number: L 92543, 70588
Name of Operator: Alexander Sidenko
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: 0 Type of participation: _____

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

a.3) Other gear(s) – Type(s): sea cucumber, sea urchin
Years: 6 Type of Participation: owner, crew

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: _____

should be an adequate amount of time to collect the data from DSBG

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

Standard DSBG

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

Swordfish, Treasurer shark, opch.

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

a) Southern California Bight (Point Conception to the U.S.-Mexico Border):

i) Vessels: AREONA

ii) Estimate of fishing effort: May through December

iii) Additional details: _____

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

i) Vessels: AREONA

ii) Estimate of fishing effort: August through December

iii) Additional details: _____

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

i) Vessels: AREONA

ii) Estimate of fishing effort: August to December

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?

We will do whatever the Council and National Marine Fisheries recommended

b) Active gear tending

How?

Gear will be set in area where the boat can keep track of it and we would like to experiment with GPS tracking devices on some of our Buoys

c) Gear conflicts/number of vessels

How?

We will try set where the fish are avoid other vessels in area.

d) DSBG time and area use

How?

Intent is to fish as many days as possible in both single and multi day trips during the month of May to September dependent on fish availability.
Will fish in waters off SoCal bite from CA/Mexico border to B.A.

e) Gear configuration

How?

We are planning on using the standard DSBG configuration as shown in attachment: A.

f) Concurrent gear use

How?

We will also looking for swordfish

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

We intend to do all reporting requirements that you ask for.

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.

Due to our years of experience fishing, we would like to request a 15% observer coverage. We cannot afford to fund 100% observer coverage. It would not be economically viable for us.

12) Applicant(s) Signature: _____

A. Sidenko

Date

05.15.17.