Agenda Item J.5 Attachment 14 September 2017

PACIFIC FISHERY MANAGEMENT COUNCIL Deep-Set Buoy Gear Exempted Fishing Permit Application Form

Please refer to the instructions for specifics on filling out your application.

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1)	Application Date:	ULY 26 2	2017			
	Applicant(s)*:					
a)	Name: MICHAEL-SMITH Phone No: (541) 251 - 1910					
	Email: alloc	eans pro	ducts@gmail.com			
	Address: 16340	Lower h.	whor IN #214BROOKING OR 9741.			
	Address: 16340 Lower harbor of #214BROOKINUS On 974/2. Commercial Fishing Permits Held: Sheimp. 425h/0216000					
	Commercial Fishing Experience:					
ĺ	Continue Contraction of the Cont	Years of	Gear type / Type of participation			
		experience	Commanda anno lastralia del Commanda del Com			
	DSBG	eyears	Congline mintattement housing			
	Other swordfish gear	congliny	er captain			
	Other gear type(s)	to frollya	o ourse austin frantial			
b)	Name:		Phone No: (
	Email:		· / · ·			
	Address:					
Commercial Fishing Permits Held:						
	Commercial Fishing Experience:					
	7.	Years of	Gear type / Type of participation			
		Experience	(captain, crew, vessel owner, etc.)			
	DSBG	·				
	Other swordfish gear	:				
	Other gear type(s)					

3) Number of vessels*: Z
a) Vessel Name: Haida Registration Number: 605147
Name of Operator: Michael Smith
Commercial Fishing Permits Held: Shrimp, Wash, oregow, Highly migh
h) Vessel Name: Challenser Registration Number: 618 646
Name of Operator: Michael Smith
Commercial Fishing Permits Held:
*List information for additional EFP applicants/vessels/participants on a separate page.
 4) Do any of the applicants/vessel operators have current/pending state or federal violations in any commercial fishery? Yes No (If yes, follow-up on the nature and status of any violations may be required as part of the application review process.) 5) Duration: The EFP will normally be issued for a two-year period from the date of issuance. If you have good reason for receiving an EFP for a longer period, specify the requested number of years and provide justification for the longer duration:
or years and provide justification for the longer duration;
6) Intended DSBG Configuration (see Attachment A): □ Standard
Describe proposed gear modifications (if any) that differ from the descriptions in Attachment A:

7) Do you intend to target any species other than (This does not include other species that may caugh If you do plan to use the gear to eatch other species you plan to use would differ (depth, time of day, see	ht incidentally when targeting swordfish.) s, list the species and how the fishing method
8) Fishing Area and Effort:	
Area	Number of vessels / Vessel in number of days or sets
Southern California Bight (Pt. Conception to the U.SMex. Border)	
Central California (Point Reyes to Point Conception)	Challenger approx go days
Northern California (42° N. latitude to Point Reyes)	Hallener" lodge
Oregon (Columbia River to 42° N. latitude)	"Challenser Zolays
Please note that the Council is prioritizing appli Bight,	, ,
Additional information you think would be helpful where you plan to fish and the amount of lishing: Navieus not fished the Sure of the many or the	-4
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9) Data Gaps: Will your EFP fishing specifically address any of the following data gaps? (See Attachment B for descriptions)
Active gear tending
☑ Gear conflicts/number of vessels
Gear configuration
'⊠.Concurrent gear use
Explain what methods you would use, or information you plan to gather, to address the data gaps you checked off above:
we will use radio buy detection device techniforge in have already practiced the goar.
 10) Reporting Requirements and Observer Coverage: You must maintain a logbook for reporting catch and other operational information (such as time and location of catch) in a format specified by National Marine Fisheries Service Up to 100% observer coverage may be required on your EFP fishing trips Data gathered as part of the EFP will be publicly available □ I acknowledge the above conditions, and verify that I am willing and able to cover the cost of any level of observer coverage required under permit terms and conditions.
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.
Food and Safety equipment Will be provided possibly insurance for liabiting
11) Applicant(s) Signature: