

Deep-Set Buoy Gear Exempted Fishing Permit Application Form

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

1) Application Date: 2-1-2019

2) Applicant(s)*:

a) Name: Nathan Lins Phone No: (310) 386 - 1462
Email: Lins Maritime@gmail.com
Address: 356 Metropole Ave P.O. Box 1497 Avalon CA 90704
Commercial Fishing Permits Held: Swordfish

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

b) Name: Nathan Lins Phone No: (310) 386 - 1462
Email: Lins Maritime@gmail.com
Address: 356 Metropole Ave P.O. Box 1497 Avalon Ca 90704
Commercial Fishing Permits Held: Swordfish

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

3) Number of vessels*: 2

a) Vessel Name: EPIC Registration Number: 601591
Name of Operator: Nathan Lins
Commercial Fishing Permits Held: Swordfish

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

b) Vessel Name: EPIC Tender Registration Number: CF 5287 TS
Name of Operator: Nathan Lins
Commercial Fishing Permits Held: Swordfish

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: DSBG attached to my vessel

a.2) Other Swordfish gear – Type(s): Harpoon, Rod & Reel
Years: 10 Type of Participation: Captain, Harpooner, Angler

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: 5 years

Justification: To determine profitability

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

Length Buoy Gear up to 30 hooks

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

Swordfish, Thresher Shark, Opah, Tuna

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

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

i) Vessels: EPIC 62' power vessel, EPIC Tender 15' Power Vessel

ii) Estimate of fishing effort: 100 Days per 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? Bycatch & Protected Species would be mitigated by technique and placement of fishing gear. Fishing activity would be conducted at a depth where protected species do not feed.

b) Active gear tending

How? The vessel would have a visual of all fishing gear that would be deployed.

c) Gear conflicts/number of vessels

How? Fishing gear would be set a sufficient distance from any other fishing gear.

d) DSBG time and area use

How? DSBG would be set for up to eight hours per day during daylight.

e) Gear configuration

How? Gear configuration as attachment A, Also Length Buoy Gear with up to 30 hooks.

f) Concurrent gear use

How? Harpoon, while keeping a visual of DSBG.

10) Reporting Requirements: Please answer questions identified in application instructions.
Reporting in accordance with attachment C

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.

12) Applicant(s) Signature:



2-1-2019
Date