

**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.*

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

**2) Applicant(s)\*:**

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

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

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

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

**Commercial Fishing Experience:**

|                      | Years of experience | Gear type / Type of participation (captain, crew, vessel owner, etc.) |
|----------------------|---------------------|---|
| DSBG                 |                     |   |
| Other swordfish gear |                     |   |
| Other gear type(s)   |                     |   |

b) Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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

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

**Commercial Fishing Experience:**

|                      | Years of Experience | Gear type / Type of participation (captain, crew, vessel owner, etc.) |
|----------------------|---------------------|---|
| DSBG                 |                     |   |
| Other swordfish gear |                     |   |
| Other gear type(s)   |                     |   |

**3) Number of vessels\*:** \_\_\_\_\_

a) Vessel Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

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

b) Vessel Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

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:

**6) Intended DSBG Configuration** (see Attachment A): ☐ Standard ☐ Linked

Describe proposed gear modifications (if any) that differ from the descriptions in Attachment A:

**7) Do you intend to target any species other than swordfish?** ☐ Yes ☐ No

(This does not include other species that may caught incidentally when targeting swordfish.)

If you do plan to use the gear to catch other species, list the species and how the fishing method you plan to use would differ (depth, time of day, season, etc.):

**8) Fishing Area and Effort:**

| Area   | Number of<br>vessels / Vessel<br>names | Estimated fishing effort<br>in number of days or sets |
|--|--|---|
| Southern California Bight (Pt. Conception to the U.S.-<br>Mex. Border) |  |   |
| Central California (Point Reyes to Point Conception)                   |  |   |
| Northern California (42° N. latitude to Point Reyes)                   |  |   |
| Oregon (Columbia River to 42° N. latitude)                             |  |   |

**Please note that applications to fish outside the Southern California Bight will be looked on more favorably in the review process.**

Additional information you think would be helpful in reviewing the application concerning where you plan to fish and the amount of fishing:

**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

**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.

**11) Applicant(s) Signature:** \_\_\_\_\_

