Agenda Item E.2 Attachment 17 September 2020

## 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	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:						
	Commercial Fishing Permits Held:						
	Commercial Fishing Experience:						
		Years of	Gear type / Type of participation				
		Experience	(captain, crew, vessel owner, etc.)				
	DSBG						
	Other swordfish gear						
	Other gear type(s)						

3) Nui	mber of vessels*:	
a)	Vessel Name:	Registration Number:
	Name of Operator:	
	Commercial Fishing Permits Ho	eld:
b)	Vessel Name:	Registration Number:
	Name of Operator:	
	Commercial Fishing Permits Ho	eld:
*List	information for additional EFF	applicants/vessels/participants on a separate page.
4) <b>Do</b>	any of the applicants/vessel ope	erators have current/pending state or federal violations
	commercial fishery? ☐ Yes ☐ ons may be required as part of th	☐ No (If yes, follow-up on the nature and status of any le application review process.)
If you	· · · · · · · · · · · · · · · · · · ·	e issued for a two-year period from the date of issuance.  an EFP for a longer period, specify the requested number  are longer duration:
6) Into	ended DSBG Configuration (se	e Attachment A): □ Standard □ Linked
Descri	be 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 vessels / Vessel names	Estimated fishing effort in number of days or sets				
Southern California Bight (Pt. Conception to the U.SMex. 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 Somore favorably in the review process.  Additional information you think would be helpful in where you plan to fish and the amount of fishing:						

<b>9) Data Gaps:</b> 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
<ul> <li>10) Reporting Requirements and Observer Coverage:</li> <li>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</li> <li>Up to 100% observer coverage may be required on your EFP fishing trips</li> <li>Data gathered as part of the EFP will be publicly available</li> <li>I acknowledge the above conditions, and verify that I am willing and able to cover the cost of</li> </ul>
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: Andrii Sidielnikov