



FEDERATED STATES OF MICRONESIA
NATIONAL OCEANIC RESOURCE MANAGEMENT AUTHORITY
PO BOX PS122, POHNPEI, FM 96941
TEL: (691) 320-2700/5181
FAX: (691) 320-2383
E-MAIL: norma@mail.fm

Application for Flag State Permit

INSTRUCTIONS:

- Applicant **MUST sign and date the application. Failure to do so will result in delays in processing.**
 - Please provide a complete mailing address.
 - All units should be specified in metrics; If other systems are used, please specify the unit of measurement.
 - Provide all support documentation as specified in item #28 below.
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1. Name of Vessel:
2. Country of Registration number:
3. WCPFC ID (WIN) number:
4. FFA Vessel ID number:
5. Previous names (if any):
6. Port of Registry:
7. Name of Owner (s):
8. Address of Owner (s):
9. Vessel Operator/Charterer:
10. Address of Vessel Operator/Charterer:
11. Name of master:
12. Nationality of master:
13. Previous flag (if any):
14. International Radio Call Sign:

15. Vessel communication types and numbers
(INMARSAT A, B and C numbers and satellite telephone number):
 - a.
 - b.
 - c.
16. Where built:
17. When built:
18. Type of vessel:
19. Normal crew complement:
20. Type of fishing method or methods:
21. Length:
22. Moulded depth:
23. Beam:
24. Gross register tonnage:
25. Power of main engine (s):
26. Carrying capacity:
27. Specify Fishing Location (FSM EEZ, Third Party EEZs, or High Seas):

28. Checklist of requirements to be attached:
 - Complete application
 - TC&I Certificate of Registry
 - Valid Insurance
 - Owner Certificate
 - Color Photo of Vessel showing IRCS and Vessel Name on both sides no older than 12 months
 - Safety Certificate
 - Observer Coverage Plan (LL only)

I hereby apply to permit for the above fishing vessel with National Oceanic Resource Management Authority (NOMRA) in the Federated States of Micronesia.

I declare that the above information is true and complete. I understand, I am required to report any changes to the above information immediately, and further understand that failure to do so may affect the validity of my fishing permit and good standing on the FFA Regional Register.

Applicant Signature _____ Date _____

Applicant: State whether owner, charter or duly agent _____

Applicant Name: _____ Phone: _____

Address: _____ Email: _____