



APPLICATION FOR REGISTRATION & PERMIT FOR FOREIGN FISHING VESSELS

Schedule 4

National Oceanic Resource Management Authority
P.O. Box PS122
Palikir, Pohnpei FM 96941
Federated States of Micronesia

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INSTRUCTIONS:

- Applicant **MUST sign and date the application; otherwise, not valid.**
- Address means complete mailing address.
- Clearly mark where appropriate.
- All units Metrics; specify units if other systems used.
- Affix a recent 6x8 inch color side photo of the vessel to this application, showing Vessel Name and Registration Number.
- Attach a copy of Forum Fisheries Agency (FFA) Regional Register and Vessel Monitoring System (VMS) Certificates.
- Attach a copy of Parties to the Nauru Agreement (PNA) VDS Certificate (For Purse Seine & Long Line)
- Attach Valid Country of Registration Certificate, Vessel Insurance and proof of payment (wire transfer/bank deposit and/or copy of check)

If this vessel was registered before, specify:

Old Vessel Name _____
 Old Registration Number _____
 Old International Radio Call Sign _____

Regional Requirements:

FFA Registration Number _____
 FFA VMS Registration No. _____
 Type of ALC _____

Vessel Identification:

Name of Vessel _____

Vessel Type: (Select as appropriate)

Single Purse Seiner <input type="checkbox"/>	Fish Carrier/Reefer <input type="checkbox"/>	Ultra- Low Temp Long Line <input type="checkbox"/>
Longliner <input type="checkbox"/>	Bunker <input type="checkbox"/>	Search Boat <input type="checkbox"/>
Pole and Liner <input type="checkbox"/>	Group Purse Seiner <input type="checkbox"/>	Other <input type="checkbox"/>

Specify _____

Country of Registration _____ Country of Registration Number _____
 International Radio Call Sign _____

Vessel Owner:

Name _____
 Address _____

Vessel Operator/Charterer:

Name _____
 Address _____

Vessel Master:

Name _____
 Address _____

Fishing Master:

Name _____
 Address _____

Operational Base(s):

Port 1/Country _____
 Port 2/Country _____
 Port 3/Country _____
 Flag/State of Authorized Fishing Area _____

Permit Details:

Select duration of permit as applicable and specify the preferred effective date.

1-year	<input type="checkbox"/>	_____
6-months	<input type="checkbox"/>	_____
3-months	<input type="checkbox"/>	_____
Other (Specify):	<input type="checkbox"/>	_____

Vessels Specifications:

Hull Material: Steel Wood FRP If other, specify _____

Year Built _____ Gross Tonnage _____

Place Built _____ Overall Length _____

Crew Size _____ Main Engines Power (specify units) _____ Fuel Carrying Capacity (kiloliters) _____

Daily Freezing Capacity (Select more than one, if appropriate):

Method		Capacity Metric tons / day	Temperature (c)
Brine (NaCl)	BR <input type="checkbox"/>	_____	_____
Brine (CaCl)	CB <input type="checkbox"/>	_____	_____
Air (Blast)	BF <input type="checkbox"/>	_____	_____
Air (Coils)	RC <input type="checkbox"/>	_____	_____
If other, specify _____		_____	_____

Storage Capacity (more than one, if appropriate):

Method		Capacity Cubic meters	Temperature (c)
Ice	IC <input type="checkbox"/>	_____	_____
Refrigerated Sea Water	RW <input type="checkbox"/>	_____	_____
Brine (NaCl)	BR <input type="checkbox"/>	_____	_____
Brine (CaCl)	CB <input type="checkbox"/>	_____	_____
Air (Coils)	RC <input type="checkbox"/>	_____	_____
If other, specify _____		_____	_____

Complete either A, B, C or D below as appropriate.

A. For Purse Seine Vessels:

Helicopter Reg. No. _____ Net Length (meters) _____
Helicopter Model _____ Net Depth (meters) _____
Support Craft:
Name 1 _____ Type 1 _____
Name 2 _____ Type 2 _____
Name 3 _____ Type 3 _____

B. For Pole and Line Vessels:

Number of automatic poling devices (0 if none) _____
Bait Storage (more than one, if appropriate)
Circulation Method Capacity
(x where appropriate) (Cubic meters)
Natural NN _____
Circulation CR _____
Refrigerated RC _____

C. For Longline Vessels:

Average number of baskets _____ Mainline Length Km _____
Average number of hooks per basket _____
Maine line material _____

D. For Support Vessels:

Activities (more than one, if appropriate)
Refrigerated Carrier Scouting Boat
Anchor Boat Supply/Mothership
If other, specify _____
Fishing Vessel(s) Supported _____

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 good standing on the FFA Regional Register. This application is filed pursuant to:

Name of Agreement and/or Base Agreement

Agreement Effective Date

Applicant:

State whether owner, charter or duly agent _____

Applicant Name: _____

Address: _____

Signature _____

Phone: _____

Fax: _____

Email: _____

Date _____