



**FEDERATED STATES OF MICRONESIA  
DOMESTIC LOCAL FISHING VESSEL PERMIT**

**APPLICATION FORM**

INSTRUCTIONS	
Address means complete mailing address	Underline surnames
Mark X where appropriate <input type="checkbox"/>	Type or print clearly
All Units Metric, Specify units if other system used	If not applicable mark NA

1. NAME OF VESSEL			
2. NAME OF OWNER			
3. ADDRESS OF OWNER			
4. NAME OF CHARTERER			
5. ADDRESS OF CHARTERER			
6. COUNTRY OF REGISTRATION			
7. COUNTRY REGISTRATION NUMBER			
8. RADIO CALL SIGN (if any)			
9. OPERATIONAL BASE(S)			
PORT		COUNTRY	
PORT		COUNTRY	
10. NAME OF VESSEL MASTER			
11. ADDRESS OF VESSEL MASTER			
12. NAME OF FISHING MASTER			
13. ADDRESS OF FISHING MASTER			

14. TYPE OF VESSEL

Longliner	<input type="checkbox"/>	Single Purse Seiner	<input type="checkbox"/>
Pole and Liner	<input type="checkbox"/>	Group Purse Seiner	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	Purse Seine Carrier	<input type="checkbox"/>

15. Normal Total Number of Crew

16. Flag State Authorized Fishing Area \_\_\_\_\_

17. HULL MATERIALS \_\_\_\_\_

Steel  FFP  Wood  Other (specify)

18. Year Built 19\_\_\_\_

19. Place of Construction \_\_\_\_\_

20. Gross Tonnage \_\_\_\_\_ Net Registered Tonnage \_\_\_\_\_

21. Overall Length \_\_\_\_\_ Meters \_\_\_\_\_

22. Main Engine(s) Power (Specify Units) \_\_\_\_\_

23. Fuel Carrying Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

24. DAILY FREEZING CAPACITY (More than one, if appropriate)

METHOD (x where appropriate)	CAPACITY Metric tons/day	TEMPERATURE °C
BRINE (NaCl)	<input type="checkbox"/>	<input type="checkbox"/>
BRINE (NaCl)	<input type="checkbox"/>	<input type="checkbox"/>
AIR (Blast)	<input type="checkbox"/>	<input type="checkbox"/>
AIR (Coils)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

25. STORAGE CAPACITY (More than one, if appropriate)

METHOD (x where appropriate)	CAPACITY Metric tons/day	TEMPERATURE °C
BRINE (NaCl)	<input type="checkbox"/>	<input type="checkbox"/>
BRINE (NaCl)	<input type="checkbox"/>	<input type="checkbox"/>
AIR (Blast)	<input type="checkbox"/>	<input type="checkbox"/>
AIR (Coils)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Complete A, B, or C below as appropriate

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A. FOR PURSE SEINERS

26. Net Length  Meters

27. Net Depth  Meters

28. SUPPORT VESSELS

Name	Type

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B. FOR POLE AND LINE VESSELS

29. BAIT STORAGE (more than one, if appropriate)

Circulation Method

Capacity

NATURAL

CIRCULATION

REFRIGERATED


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C. FOR SUPPORT VESSELS

30. ACTIVITIES (X more than one if appropriate)

Refrigerated Carrier

Scouting Boat

Anchor Boat

Supply/Mothership

Other (Specify)

31. FISHING VESSEL(S) SUPPORTED

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Name of Applicant

Address of Applicant
