



NOAA NATIONAL MARINE SANCTUARIES PERMIT APPLICATION

OMB # 0648-0141
Expires: 7/31/2018
(12-2011)

Refer to “Instructions for Submitting Applications for National Marine Sanctuary Permits and Authorizations” for guidance on how to properly complete this application. Applicants are responsible for reviewing the instructions in their entirety to ensure all application requirements are met.

Note: for certain activities, completion of this application may not be required. Consult the instructions and the Office of National Marine Sanctuaries (ONMS) [permit website](#) prior to completing and submitting this application to see if this is the case for your proposed activity.

Section A – General	
Sanctuary(s) in which you are applying to work:	
<input type="checkbox"/> Channel Islands <input type="checkbox"/> Cordell Bank <input type="checkbox"/> NMS of American Samoa <input type="checkbox"/> Florida Keys <input type="checkbox"/> Flower Garden Banks	<input type="checkbox"/> Gray’s Reef <input type="checkbox"/> Greater Farallones <input type="checkbox"/> Hawaiian Islands Humpback Whale <input type="checkbox"/> Monitor
<input type="checkbox"/> Monterey Bay <input type="checkbox"/> Olympic Coast <input type="checkbox"/> Stellwagen Bank <input type="checkbox"/> Thunder Bay	
Select one of the following: <input type="checkbox"/> New application <input type="checkbox"/> Renewal of previously issued permit <input type="checkbox"/> Change or modification to previously issued permit <i>(Note: expired permits cannot be renewed or modified)</i>	For permit renewals or modifications only, enter the previously issued ONMS permit number:

Section B – Applicant Information			
Dr.			
Honorific	First Name	Last Name	Middle Initial
Organization address:		Phone:	Ext:
Address Line 1:		Fax:	
Address Line 2:		Email:	
City:			
State:			
Zip Code:			
Institution represented (if applicable):		Title or Department:	
Co-applicant or additional investigator authorized to conduct activities (if applicable):			
First Name	Last Name	Institution	

Section C – Project Information	
Project title (maximum 300 characters):	
Project dates (mm/dd/yyyy format): Requested permit start date: Requested permit end date:	Does this activity involve collections? <input type="checkbox"/> No – If checked, no collection of sanctuary resources are allowed <input type="checkbox"/> Yes – Complete Collections Data Form and submit with application

Section C – Project Information (Continued)

Project abstract (maximum 3000 characters - field will scroll):

Methods and protocols to be employed in the field (maximum 10000 characters - field will scroll):

Section C – Project Information (Continued)

Proposed location of activities:

- Throughout sanctuary(s) *or*
- Specific locations within a sanctuary

Will this activity occur within any special sanctuary zone (such as marine reserves, research-only areas, sanctuary preservation areas, or state preserves)?

- No
- Yes – Provide justification in Section E

If activities are to be conducted in specific locations within sanctuary, describe where: *See instructions for details. Coordinate data may also be required.*

Section D – Environmental Impacts

Answer the following questions as accurately as possible to assist in the consideration of this application. Maximum 1000 characters per question. See instructions for additional guidance on how to complete these fields.

Describe any direct impacts on sanctuary resources that would result from this activity:

Describe any indirect impacts on sanctuary resources that would result from this activity:

Select if, to your knowledge, any of the following have been completed (or are being completed) for this proposal:

- Federal environmental impact statement, analysis, or review
- State or local environmental impact statement, analysis, or review
- Other analysis of the environmental effects of this activity

Section E – Rationale

Answer the following questions as accurately as possible to assist in the consideration of this application. Maximum 1000 characters per question. See instructions for additional guidance on how to complete these fields.

Describe why this activity needs to be conducted within the sanctuary(s):

If this activity is proposed to occur in any special sanctuary zone (e.g., marine reserves, research-only areas, sanctuary preservation areas, state preserves), explain why this is necessary and how it will further the understanding of the zone:

Section E – Rationale (Continued)

Describe how the proposed methods are appropriate for this activity:

Describe how the permit duration requested is appropriate for this activity:

Provide a statement explaining applicant qualifications and financial ability to complete the project (include project funding source):

Section F – Other Information

Requests for ONMS assistance (see instructions before completing):

Other permits, authorizations, or approvals obtained or required:

Check the boxes as appropriate, provide copies of any already received, and notify ONMS staff of the status of pending requests.

- | | |
|---|--|
| <input type="checkbox"/> Marine Mammal Protection Act | <input type="checkbox"/> Coastal Zone Management Act (Federal Consistency) |
| <input type="checkbox"/> Endangered Species Act | <input type="checkbox"/> U.S. Army Corps of Engineers permit |
| <input type="checkbox"/> National Historic Preservation Act | <input type="checkbox"/> Other Federal, state, or local permit(s) |

Section G – Certification

I certify that this application is accurate and complete. I understand that incomplete applications will not be acted upon until any required additional information is provided. I further understand that applications not received within the timelines outlined in the instructions may not be processed in time for my activity to begin as planned. I authorize the ONMS to seek peer reviews of my proposal, if deemed necessary.

Signature of applicant: _____ Date: _____

(If providing application via electronic means, you may acknowledge this certification via email)

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting for this collection of information is estimated to average 1.5 hours per response for most activities, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing this application. See the instructions for details regarding this burden estimate.