



PACIFIC STATES MARINE FISHERIES COMMISSION

205 SE Spokane St., Suite 100

Portland, OR 97202

Tel: (503) 595-3100 Fax: (503) 595-3444

Request for VMS Transmitter Reimbursement

BLOCK A. GENERAL INFORMATION	
1. Vessel Name:	2. Federal Fisheries Permit Number:
3. Address	4. Owner Name:
	5. VMS transmitter ID #ST25_____
	6. Confirmation #
	7. Telephone Number:

BLOCK B. SIGNATURE		
Under Penalties of perjury, I hereby declare that I, the undersigned, completed this application and the information contained herein are true, correct, and complete to the best of my knowledge. I also declare that the VMS transmitter described above has been installed on board the vessel listed above and is intended for use on that vessel.		
Applicant Name (please print or type)	Signature	Date

BLOCK C. CHECKLIST (Internal Use Only)
<p>In order to receive a reimbursement check, you must certify all of the following:</p> <p>The unit has been activated and you have received confirmation from enforcement that it is transmitting</p> <p>NMFS has issued your vessel a Federal Fisheries Permit and confirmation number.</p> <p>You have attached proof of purchase for the VMS transmitter</p>