

**PACIFIC FISHERIES INFORMATION NETWORK (PacFIN)**

PACIFIC STATES MARINE FISHERIES COMMISSION

Phone: (206) 526-4072 Email: BStenberg@psmfc.org

**CERTIFICATE OF UNDERSTANDING**

**AND STATEMENT OF NON-DISCLOSURE OF CONFIDENTIAL DATA**

I have read the NOAA Administrative Order on Confidentiality of Statistics and understand its contents.

I will not disclose any data identified as confidential to any person(s), except as directed by the Assistant Administrator for Fisheries. I am fully aware of the civil and criminal penalties for unauthorized disclosure, misuse, or other violation of the confidentiality of such data.

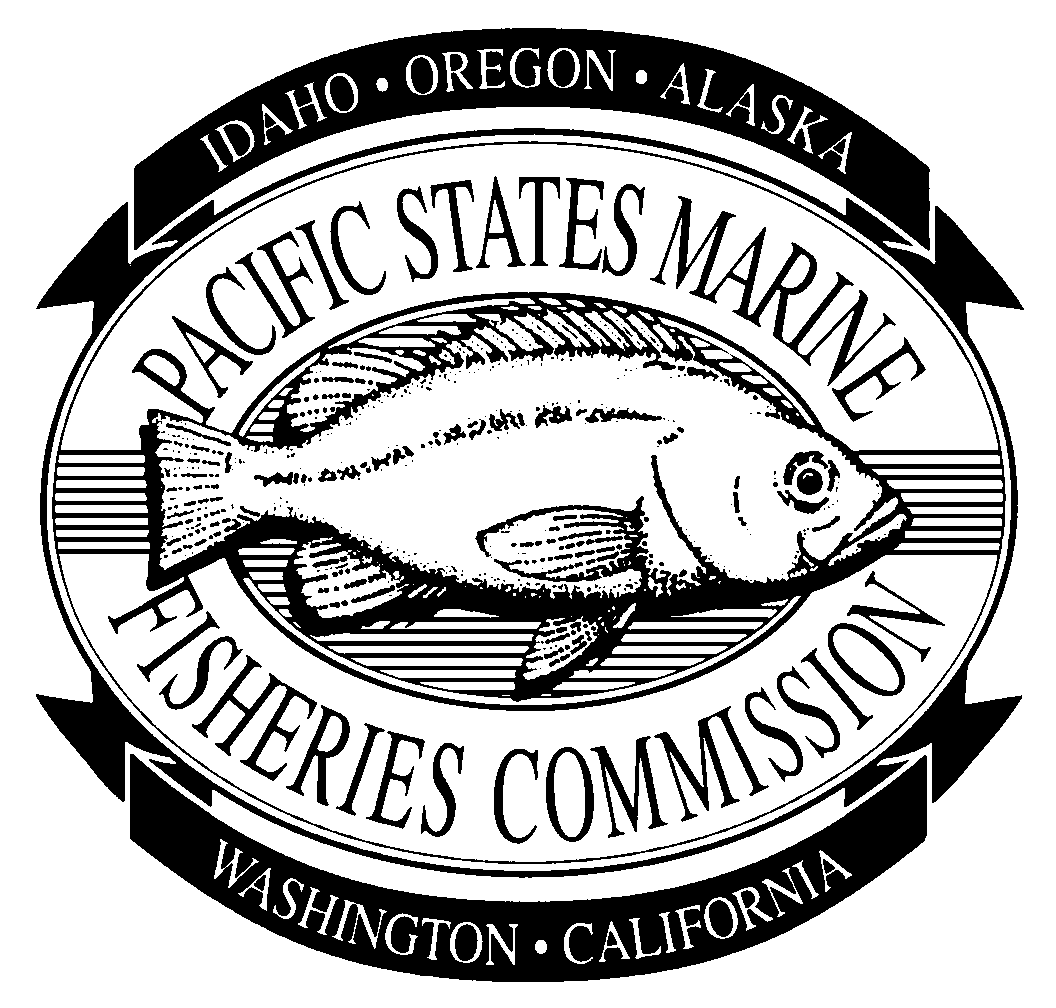
I understand that I may be subject to criminal and civil penalties under provisions of Titles 5 U.S.C. 552 and 18 U.S.C. 1905, which are the primary Federal statutes prohibiting unauthorized disclosure of confidential data. I may also be subject to civil penalties for improper disclosure of data collected under the Magnuson-Stephens Act or the Marine Mammal Protection Act (MMPA).

I also understand that this confidential data may be used by the undersigned only and may be released only in a summarized format which contains no specific vessel or processor identifiers, and that the data must be summarized such that landings and revenue for unique vessels and processors cannot be determined.

The data you are being given access to reside in the PacFIN database, which includes confidential data contributed by the states of Washington, Oregon, and California. Although these data reside on a PSMFC computer system, the data continue to be under the sole jurisdiction of these PSMFC-member states.

Signature Date

Supervisor Department



**PACIFIC FISHERIES INFORMATION NETWORK (PacFIN)**

PACIFIC STATES MARINE FISHERIES COMMISSION

Phone: (206) 526-4073 Email: BStenberg@psmfc.org

**Data User:**

Please briefly describe the project or Federal/State position which requires access to confidential data:

Signature Date

Printed Name Title Organization

Address (line 1)

Address (line 2)

Phone Number Email Address

**Witness:**

Signature Date

Printed Name Title Organization