



# NOAA NATIONAL MARINE SANCTUARIES PERMIT APPLICATION

OMB # 0648-0141  
Expires: 7/31/2021

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<br><input type="checkbox"/> Cordell Bank<br><input type="checkbox"/> NMS of American Samoa<br><input type="checkbox"/> Florida Keys<br><input type="checkbox"/> Flower Garden Banks  | <input type="checkbox"/> Gray’s Reef<br><input type="checkbox"/> Greater Farallones<br><input type="checkbox"/> Hawaiian Islands Humpback Whale<br><input type="checkbox"/> Monitor<br><input type="checkbox"/> Monterey Bay<br><input type="checkbox"/> Olympic Coast<br><input type="checkbox"/> Stellwagen Bank<br><input type="checkbox"/> Thunder Bay |
| Select one of the following:<br><input type="checkbox"/> New application<br><input type="checkbox"/> Renewal of previously issued permit<br><input type="checkbox"/> Change or modification to previously issued permit<br><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:   |                      |
| Address Line 1:   | Phone:               |
| Address Line 2:   | Ext:                 |
| City:   | Fax:                 |
| State:  | Email:               |
| 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):      | Does this activity involve collections?  |
| Requested permit start date:            | <input type="checkbox"/> No – If checked, no collection of sanctuary resources are allowed |
| Requested permit end date:              | <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)   |   |
|---|---|
| <p>Proposed location of activities:</p> <p><input type="checkbox"/> Throughout sanctuary(s) <i>or</i></p> <p><input type="checkbox"/> Specific locations within a sanctuary</p> <p>Will this activity occur within any special sanctuary zone (such as marine reserves, research-only areas, sanctuary preservation areas, or state preserves)?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Provide justification in Section E</p> | <p>If activities are to be conducted in specific locations within sanctuary, describe where: <i>See instructions for details. Coordinate data may also be required.</i></p> |

| Section D – Environmental Impacts  |
|--|
| <p><i>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.</i></p> <p>Describe any <u>direct</u> impacts on sanctuary resources that would result from this activity:</p><br><br><br><br><br><br><br><br><br><br><p>Describe any <u>indirect</u> impacts on sanctuary resources that would result from this activity:</p><br><br><br><br><br><br><br><br><br><br><p>Select if, to your knowledge, any of the following have been completed (or are being completed) for this proposal:</p> <p><input type="checkbox"/> Federal environmental impact statement, analysis, or review</p> <p><input type="checkbox"/> State or local environmental impact statement, analysis, or review</p> <p><input type="checkbox"/> Other analysis of the environmental effects of this activity</p> |

| Section E – Rationale   |
|---|
| <p><i>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.</i></p> <p>Describe why this activity needs to be conducted within the sanctuary(s):</p><br><br><br><br><br><br><br><br><br><br><p>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:</p><br><br><br><br><br><br><br><br><br><br> |

**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.*

☐ Marine Mammal Protection Act

☐ Coastal Zone Management Act (Federal Consistency)

☐ Endangered Species Act

☐ U.S. Army Corps of Engineers permit

☐ National Historic Preservation Act

☐ 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: \_\_\_\_\_

(Options for authenticating this document: Provide digital signature; provide signed and scanned last page; or provide acknowledgment using the paragraph above by 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.

## Privacy Act Statement

**Authority:** The collection of this information is authorized under the National Marine Sanctuaries Act (NMSA) (16 U.S.C. 1431 et seq.) and the associated regulations defined in 15 CFR Part 922.

**Purpose:** To manage and understand national marine sanctuary resources, NOAA's Office of National Marine Sanctuaries (ONMS) issues permits to allow certain activities beneficial to sanctuaries that would otherwise be prohibited by sanctuary regulations. Information collected on NOS permit applications include applicant contact information, project details and rationale, and environmental impacts.

**Routine Uses:** The Department will use this information to determine permit eligibility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within the Office of the National Marine Sanctuaries, in order to coordinate monitoring and management of National Marine Sanctuaries. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice [COMMERCE/NOAA-12, Marine Mammals, Endangered and Threatened Species, Permits and Authorizations Applicants](#).

**Disclosure:** Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of eligibility for a permit.