



PACIFIC STATES MARINE FISHERIES COMMISSION
 205 SE Spokane Street, Suite 100
 Portland, OR 97202
 Tel: (503) 595-3100 Fax: (503) 595-3444
 www.psmfc.org



VMS REIMBURSEMENT REQUEST FORM

This reimbursement opportunity is available to fishing vessel owners and/or operators that have purchased an approved E-MTU device in order to comply with fishery management regulations. For units purchased on or after 2.1.2008, the reimbursable expense is the purchase price of a type-approved E-MTU for which the owner and/or operator holds a valid commercial fishing permit or license, not to exceed a maximum of \$3,100.00. For units purchased prior to 2.1.2008, the reimbursable expense is the purchase price of a type-approved MTU/E-MTU for which the owner and/or operator holds a valid commercial fishing permit or license and associated freight, not to exceed maximum reimbursement amount by fishery (AK \$1,750; NE \$2,995; NW \$3,070; PI \$1,750; PI Groundfish \$3,100).

Units purchased prior to July 5, 2006 are no longer eligible for reimbursement per NMFS Directive 06-102.

HOW TO REQUEST REIMBURSEMENT FOR VMS:

1. Purchase, install, and activate a NOAA OLE Type-Approved VMS unit.
2. Contact NOAA OLE VMS Helpdesk at 1.888.219.9228 to obtain four-digit reimbursement confirmation number.
3. Complete and sign this reimbursement request form or visit www.psmfc.org for web form.
4. Mail or fax the reimbursement request form, a copy of the itemized sales invoice, and a copy of the vessel's Certificate of Documentation and/or Federal Fisheries Permit and/or State Registration to Pacific States Marine Fisheries Commission 205 SE Spokane Street, Suite 100, Portland, OR 97202 or 503.595.3444.

For additional help with completing this form, consult the VMS Request Form Instructions or contact PSMFC at 503.595.3110.

I. VESSEL INFORMATION

Vessel Name:					
Region (select one):	<input type="checkbox"/> Alaska (AK)	<input type="checkbox"/> Northeast (NE)	<input type="checkbox"/> Northwest (NW)	<input type="checkbox"/> Pacific Islands (PI)	<input type="checkbox"/> Southeast (SE)
Permit Number:	Fishery/Permit Type:				
USCG Documentation Number:	State Registration Number:				
License Number:	Other:				

II. VESSEL OWNER INFORMATION

As it appears on permit, title, license, registration, etc. If under business ownership, provide business name and owner name.

First Name:	MI:	Last Name:
Business Name:		
Mailing Address:		
Phone Number:	Email Address:	

III. NOAA OLE COMPLIANCE AND REIMBURSEMENT CONFIRMATION INFORMATION

NOAA OLE Issued Confirmation Number: Date Confirmation Issued:



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IV. VMS TRANSMITTER INFORMATION

VMS Transmitter ID and/or serial number must be on itemized sales invoice in order for processing of reimbursement request.

Transmitter ID/Serial Number:		Vessel Email Address:	
VMS Brand:		VMS Model:	
Installation Date:		Installed By:	
Electronics Dealer:			
Dealer Contact:		Dealer Phone:	

V. REIMBURSEMENT PAYMENT INFORMATION

Make reimbursement check payable to:

Check one of the following selections. If approved, a reimbursement check will be sent to the person/entity specified in this section.

Applicant:	<input type="checkbox"/> Vessel Owner			<input type="checkbox"/> Vessel Operator		
Vendor:	<input type="checkbox"/> Boatracs Inc.	<input type="checkbox"/> CLS America Inc.	<input type="checkbox"/> Faria Watchdog Inc.	<input type="checkbox"/> GMPCS Personal Communications, Inc.	<input type="checkbox"/> SkyMate Inc.	<input type="checkbox"/> Thrane & Thrane Inc.

Applicant Information:

Applicant information required for reimbursements to be made to applicant or vendor as specified above. The applicant is the Vessel Owner or Operator responsible for purchasing the installed VMS transmitter unit, and completing and signing this form.

Applicant:	<input type="checkbox"/> Vessel Owner			<input type="checkbox"/> Vessel Operator		
First Name:		MI:		Last Name:		
Business Name:						
Mailing Address:						
Phone Number:				Email Address:		

VI. APPLICANT SIGNATURE

Under penalties of perjury, I hereby declare that I, the undersigned, completed this application and the information contained herein is 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 only on this vessel.

Applicant First Name:		MI:		Last Name:		
Business Name:						
Applicant Signature:					Date:	

DO NOT WRITE BELOW THIS POINT - PSMFC OFFICE USE ONLY

DATE RECEIVED	DATE APPROVED	CONFIRM DATE	UNIT TYPE	APPROVED AMT	PAY TO	INVOICE DATE	INVOICE NUMBER