



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.

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**, a copy of the **Federal Fisheries Permit** and a copy of the vessel's **Certificate of Documentation** or **State Registration** to **Pacific States Marine Fisheries Commission 205 SE Spokane Street, Suite 100, Portland, OR 97202 – Fax: 503.595.3444.**

For additional help with completing this form, consult the VMS Request Form Instructions or contact PSMFC at 503.595.3100.

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:				

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 paid 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

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