



FISHING LICENSE APPLICATION

AMERICAN SAMOA GOVERNMENT — DEPARTMENT OF MARINE AND WILDLIFE RESOURCES
PO Box 3370, Pago Pago, American Samoa 96799 | Tel: (684) 633-4456



LICENSE YEAR *

LICENSE NO. (OFFICE USE)

APPLICATION TYPE — CHECK ALL THAT APPLY

- NEW
- RENEWAL
- AMENDMENT
- INDIVIDUAL
- VESSEL

FEE CALCULATION (OFFICE USE)

	QTY		RATE	=	AMOUNT
PERMITS	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>

LICENSE FEE	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
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GRAND TOTAL

1. APPLICANT INFORMATION

Name (Last, First, Middle, Initial) *

Birth Date *

Date of Application

Mailing Address *

Residence (Village, Street) *

Years in American Samoa

Citizenship *

Business Phone

Home Phone

Sex

RECEIVE FISH REGULATION?

- YES NO

2. CHECK PERMITS YOU ARE APPLYING FOR

- Commercial Aquarium Fish Collection Permit
- Fish Weir Permit
- Commercial Trapping Permit
- Commercial Coral Harvesting Permit
- Commercial Shell Harvesting Permit
- Scientific Collection Permit
- Important Permit for Living Organisms

AREA(S) FISHED OR COLLECTION MADE — CHECK ALL THAT APPLY

- TUTUILA, VILLAGE(S)
- MANU'A, VILLAGE(S)
- ANU'U, VILLAGE(S)
- OTHERS, VILLAGE(S)

Continue on Page 2 ■

3. COMPLETE IF APPLYING FOR COMMERCIAL LICENSE

Vessel Name

Owner's Name

Captain's Name

Vessel Number

Port of Anchorage

Number of Crew

FISHING AREA(S) / METHODS — CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Deep Sea Handline | <input type="checkbox"/> Longline |
| <input type="checkbox"/> Inshore Handline | <input type="checkbox"/> Fish Weir |
| <input type="checkbox"/> Trolling | <input type="checkbox"/> Nets
Specify Type <input type="text"/> |
| <input type="checkbox"/> Spear | <input type="checkbox"/> Traps
Specify Type <input type="text"/> |
| <input type="checkbox"/> Handpick | <input type="checkbox"/> Others
Specify Type <input type="text"/> |
| <input type="checkbox"/> Pole and Line | |

APPLICANT ROLE — CHECK ONE

- Boat Captain
 Crew Member
 Shoreline Fisherman
 Charter

Proof of Continuous Residency in American Samoa for at Least 1 Year (indicate type of document)

Proof of Previous Fishing Experience (indicate type of document, e.g., fishing log)

Signature for Clearance from Public Safety

4. SIGNATURES & APPROVAL

Signature of Applicant *	Date *	Sig. Parent/Guardian if Minor	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DMWR Director Signature	Date
<input type="text"/>	<input type="text"/>

DATE APPROVED	DATE DISAPPROVED
<input type="text"/>	<input type="text"/>