



ATLANTIC STATES MARINE FISHERIES COMMISSION

Advisory Panel Nomination Form

This form is designed to help nominate Advisors to the Commission's Species Advisory Panels. The information on the returned form will be provided to the Commission's relevant species management board or section. Please answer the questions in the categories (All Nominees, Commercial Fisherman, Charter/Headboat Captain, Recreational Fisherman, Dealer/Processor, or Other Interested Parties) that pertain to the nominee's experience. If the nominee fits into more than one category, answer the questions for all categories that fit the situation. **Also, please fill in the sections which pertain to All Nominees (pages 1 and 2). In addition, nominee signatures are required to verify the provided information (page 4), and Commissioner signatures are requested to verify Commissioner consensus (page 4). Please print and use a black pen.**

Form submitted by: _____ State: _____
(your name)

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Please provide the appropriate numbers where the nominee can be reached:

Phone (day): _____ Phone (evening): _____

FAX: _____ Email: _____

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FOR ALL NOMINEES:

1. Please list, in order of preference, the Advisory Panel for which you are nominating the above person.

1. _____

2. _____

3. _____

4. _____

2. Has the nominee been found in violation of criminal or civil federal fishery law or regulation or convicted of any felony or crime over the last three years?

yes _____ no _____

3. Is the nominee a member of any fishermen's organizations or clubs?

yes _____ no _____

If "yes," please list them below by name.

4. What kinds (species) of fish and/or shellfish has the nominee fished for during the past year?

5. What kinds (species) of fish and/or shellfish has the nominee fished for in the past?

FOR COMMERCIAL FISHERMEN:

1. How many years has the nominee been the commercial fishing business? _____ years
2. Is the nominee employed only in commercial fishing? yes_____ no_____
3. What is the predominant gear type used by the nominee?_____
4. What is the predominant geographic area fished by the nominee (i.e., inshore, offshore)?_____

FOR CHARTER/HEADBOAT CAPTAINS:

1. How long has the nominee been employed in the charter/headboat business? _____ years
2. Is the nominee employed only in the charter/headboat industry? yes _____ no_____
- If "no," please list other type(s)of business(es) and/occupation(s):_____
- _____
3. How many years has the nominee lived in the home port community? _____ years
- If less than five years, please indicate the nominee's previous home port community.
- _____

FOR RECREATIONAL FISHERMEN:

1. How long has the nominee engaged in recreational fishing? _____ years
2. Is the nominee working, or has the nominee ever worked in any area related to the fishing industry? yes _____ no _____

If "yes," please explain.

FOR SEAFOOD PROCESSORS & DEALERS:

1. How long has the nominee been employed in the business of seafood processing/dealing? _____ years
2. Is the nominee employed only in the business of seafood processing/dealing?
yes _____ no _____ If "no," please list other type(s) of business(es) and/or occupation(s):

3. How many years has the nominee lived in the home port community? _____ years
If less than five years, please indicate the nominee's previous home port community.

FOR OTHER INTERESTED PARTIES:

1. How long has the nominee been interested in fishing and/or fisheries management? _____ years
2. Is the nominee employed in the fishing business or the field of fisheries management?
yes _____ no _____

If "no," please list other type(s) of business(es) and/or occupation(s):

FOR ALL NOMINEES:

In the space provided below, please provide the Commission with any additional information which you feel would assist us in making choosing new Advisors. You may use as many pages as needed.

Nominee Signature: _____

Date:

Name: _____
(please print)

COMMISSIONERS SIGN-OFF (not required for non-traditional stakeholders)

State Director

State Legislator

Governor's Appointee