

SCHEDULE B - QUALIFIED VESSEL
FOR **SAFETY** RECONSTRUCTION

CASE NO. CCF-

A. NAME OF VESSEL: _____ OFFICIAL NO. _____

B. NAME OF OWNER: _____

C. PERCENT OF OWNERSHIP: _____ % D. YEAR CONSTRUCTED: _____

E. ORIGINAL VESSEL COST: \$ _____

F. ANTICIPATED COST OF SAFETY RECONSTRUCTION: \$ _____

G. RECONSTRUCTION TO BE DONE BY: CONTRACT () OWNER () BOTH ()

1. BEGINNING DATE: _____ 2. DELIVERY DATE: _____
(BEGINNING DATE MUST BE AFTER 2/2/97. DELIVERY DATE MUST BE WITHIN 18 MONTHS OF BEGINNING DATE)

3. SAFETY IMPROVEMENTS TO BE MADE: (Be specific, list all items):

H. NET TONNAGE: _____ TONS No. CHARTER PASSENGERS: _____

I. GROSS TONNAGE: _____ TONS

J. LENGTH (OVERALL/REGISTERED): _____ FEET

K. VESSEL TYPE: CATCHER () PROCESSOR () TENDER/ TRANSPORTER () CHARTER ()

L. GEAR TYPE (seine, trawl, pots, etc.): _____

M. FISHERY OF OPERATION (salmon, king crab, cod, etc.): _____

N. AREA OF OPERATION: _____

(X) Conditioned upon satisfying the requirements of 50 CFR, Part 259.31(e) **Safety Projects**.

() Withdrawal limited to Party's share of cost/share of ownership.

Date: _____