OMB No. 0648-0041

Expires: 03/31/2019

FISHING VESSEL CCF APPLICATION Date:_____

CCF Applicant Name:_____

Taxable Entity type: ☐ Individual ☐ C-Corporation ☐ S-Corporation ☐ Partnership

CCF application for the taxable year ending: (date)_____

Social Security/Employer Identification Number:_____

Estimated initial CCF deposit attributable to Schedule A vessel(s) from:

Fishing Income $_____ Sale/Insurance Proceeds $_____, Depreciation $_____

Name and Address of each CCF depository (bank, brokerage, etc.) to be used:

_____

_____

The following checked items are attached as a part of this application: (Note: *Required **See instructions)

_____ *NOAA Form 88-14, Interim Capital Construction Fund Agreement (2 signed forms)

_____ *Completed Schedule A and Schedule B forms

_____ **Evidence of ownership for all Schedule A eligible vessels to be a part of this CCF Agreement

_____ **Evidence of lease for Schedule A vessel(s)

_____ **Proof of U.S. citizenship (if Schedule A vessel leased, or 2 - 5 net tons)

_____ **Evidence of debt for Schedule B vessel

_____ *Federal tax return copies as filed with IRS for previous 2 years

_____ **Signed and dated copy of IRS Automatic Extension notice, and copy of IRS approved Additional Extension Request, if applicable to this taxable year application

I hereby give permission to the administrators of my Capital Construction Fund Agreement to release and obtain any information about the CCF Agreement from the following representative:

Representative (Name, Firm, etc.)_____

Address:_____

Phone ( ) _____ FAX Phone ( ) _____

Mail all CCF correspondence to: My Address _____ My Representative _____ Both _____

Applicant's Signature and Title_____

Address:_____

Phone ( ) _____ FAX Phone ( ) _____

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to NOAA Fisheries, F/MB5, 1315 East West Hwy., Silver Spring, MD 20910.

PRIVACY ACT NOTICE: This request for information is authorized by Title 46 U.S.C. 1177 and 50 CFR Part 259, and is voluntary. The data will primarily be used for the evaluation of eligibility in connection with application to establish a Capital Construction Fund Account. Establishment of the account will not be considered unless all requested information is furnished. Confidential name and address information will be released via a NOAA website for informational purposes. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

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