



VMS REIMBURSEMENT REQUEST



REIMBURSEMENT PROCESS

- **Eligibility** - Review NOAA Fisheries regional, Type-Approved VMS Units information.
- **Purchase, install through a certified marine technician, and activate** a VMS unit.
- **Confirmation Number** - Contact NOAA OLE VMS Help Desk at **888.219.9228** to obtain a four-digit confirmation number.
- **Form - Complete and sign** | Include following copies:
 - ⇒ **Paid Itemized Sales Invoice** with transmitter number listed on it.
 - ⇒ **Federal Fisheries Permit**
 - ⇒ **Vessel Certificate of Documentation or State Registration**
- **Email, mail, or fax:** vms@psmfc.org | Fax: 503.595.3444

PSMFC - VMS
6720 S. Macadam Avenue, Suite 200
Portland, OR 97219

NOAA OLE COMPLIANCE CONFIRMATION

NOAA OLE Issued Confirmation Number

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Date Confirmation Issued

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VESSEL INFORMATION

Vessel Name						
Region (<i>select one</i>)	<input type="checkbox"/> Alaska (AK)	<input type="checkbox"/> Northeast (NE)	<input type="checkbox"/> Pacific Islands (PI)	<input type="checkbox"/> Southeast (SE)	<input type="checkbox"/> West Coast (WC)	<input type="checkbox"/> Atlantic HMS
Permit Number			Fishery/Permit Type			
USCG Documentation Number			State Registration Number			

VMS TRANSMITTER INFORMATION

Transmitter ID/Serial Number		Vessel Email Address	
VMS Brand		VMS Model	
Installation Date		Installed By	
Electronics Dealer			
Dealer Contact		Dealer Phone	



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VESSEL OWNER/OPERATOR INFORMATION

"Applicant" is the Vessel Owner or Operator responsible for purchasing the unit, completing and signing this form.

APPLICANT	<input type="checkbox"/> OWNER	<input type="checkbox"/> OPERATOR
OWNER: First Name		Last Name
Business Name		
Mailing Address		
Phone Number		Email Address

If same as Owner, leave entire section below blank.

OPERATOR: First Name		Last Name
Business Name		
Mailing Address		
Phone Number		Email Address

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