



Coastal Virginia
Offshore Wind



Coastal Virginia Offshore Wind Compensation Program

Claimant Qualification Form: Commercial or For-Hire Fishing Entity

Read the Claimant Qualification Instructions carefully. Complete the appropriate sections. Return your completed Claimant Qualification Form and all accompanying documents to the Program Administrator.

As explained in the instructions, YOU ONLY HAVE TO COMPLETE THIS QUALIFICATION FORM ONCE PER QUALIFIED FISHING ENTITY to establish that you qualify to participate in the CVOW Fisheries Compensatory Mitigation Program (the "Program").

I. CLAIMANT INFORMATION

A. Authorized Representative Information

Name	Last	First	Middle Name	Suffix
Current Mailing Address	Address 1			
	Address 2	City	State	Zip Code
Email Address	Phone Number		() -	
Last Four Digits of Social Security Number or Taxpayer Identification Number				

B. Business Information (if applicable)

Business Name					
Employer Identification or Taxpayer Identification Number					
Tax Filing or Business Classification	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> S corporation	<input type="checkbox"/> Limited liability company (LLC)
Principal Officer Name	Last	First	Middle Name	Suffix	
Business Mailing Address	Address 1				
	Address 2	City	State	Zip Code	
Business Email Address	Business Phone Number		() -		



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Attach proof of (a) the business's authority to conduct business, and (b) the Authorized Representative's authority to act on behalf of the Claimant. If you do not provide this documentary proof of authority, your form will be deficient and you will not be eligible to participate in the Program until the deficiency is resolved.

II. COMMERCIAL AND FOR-HIRE FISHING VESSEL QUALIFICATION

Filing Category

Commercial Fishing

For-Hire Recreational Fishing

Provide the information of the boat or vessel used during the Qualifying Period (10/30/2020 through 10/30/2023). If you used multiple vessels, provide the below information for each vessel.

Primary Vessel Number (Official Number)

Vessel Hull Identification Number

Boat/Vessel Name

Boat/Vessel Permit Number

Boat/Vessel Owner Name
(as listed on the State Vessel Title)

Targeted Species

A. Commercial Fishing Vessels

**Commercial Fisherman Registration
License Number**

**Virginia Seafood
Landing License
Number**

Or check here if you are exempt
from the seafood landing license
requirement:

**GARFO Permit
Number**

**SERO Permit
Number**

Provide information below for each species permit applicable to the listed vessel. If you have more than three fisheries permits linked to the vessel, list the information for those permits on a separate page and attach the additional information to your completed Qualification Form.

1.

Federal or
 State _____ (State Name)

Permitted Fishing Year

**Permit
Number**

Fisheries Permitted



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2.	<input type="checkbox"/> Federal or <input type="checkbox"/> State _____ (State Name)		Permitted Fishing Year	
	Permit Number		Fisheries Permitted	
3.	<input type="checkbox"/> Federal or <input type="checkbox"/> State _____ (State Name)		Permitted Fishing Year	
	Permit Number		Fisheries Permitted	

B. For-Hire Fishing Vessels

Virginia Charter/Head Boat License Number		DWR Number	
U.S. Coast Guard Captain's License Number		Virginia Fishing Guide License Number	
GARFO Permit Number		SERO Permit Number	

C. Qualifying Historical Activity

Did the boat/vessel operate at any time from 10/30/2020 to 10/30/2023 (the "Qualifying Period")?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the boat/vessel name or license numbers change between now and the Qualifying Period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the boat/vessel sold/purchased during or after the Qualifying Period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you indicated the boat or vessel was sold/purchased, you must attach any evidence of sale and any conditions attaching to such sale (e.g., disposition of permits, fishing history, etc.).

D. Historical Fishing Location

You must demonstrate that, during the Qualifying Period, you fished within the Coastal Virginia Offshore Wind Project Lease Area or export cable corridor (the "Offshore Project Area") at any time from 10/30/2020 to 10/30/2023; or, for increased competition claims, demonstrate that you used the Nearby Non-Lease Area (within 3 NM of the Lease Area).

During the Qualifying Period, did you fish in the Offshore Project Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During the Qualifying Period, did you fish in the Nearby Non-Lease Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your economic loss relate to increased competition resulting from the displacement of fishing activity from the Offshore Project Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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What documents can you provide to establish you fished in the Offshore Project or Nearby Non-Lease Area during the Qualifying Period?

VMS/AIS/VTR Data **Chart Plotter Records** **Proof of Homeport** **Harvester/Personal Logbooks**

Other (Describe available proof):

Attach your proof of fishing location history to this Qualification Form. If you do not provide proof of your fishing location during the Qualifying Period, your form will be deficient and you will not be eligible to participate in the Program until the deficiency is resolved.

E. Historical Level of Effort

You must demonstrate proof of level of effort to fish in the Offshore Project Area or Nearby Non-Lease Area for the calendar years 2020, 2021, 2022, and 2023, covering the Qualifying Period. Proof of such includes, but is not limited to profit/loss statements, harvester/personal logbooks, fishing history, dealer reports, receipt of sales, and tax documents.

What documents can you provide to establish your level of effort to fish in the Offshore Project or Nearby Non-Lease Area during the Qualifying Period? (check all that apply)

Profit/Loss Statements **Harvester/Personal Logbooks** **Evidence of Fishing History**

Dealer Reports **Receipt of Sales** **Tax Documents**

Other (Describe available proof):

Attach your proof of level of effort to this Qualification Form. If you do not provide proof of your level of effort during the Qualifying Period, your form will be deficient and you will not be eligible to participate in the Program until the deficiency is resolved.

III. BOAT/VESSEL EMPLOYEES AND CREW MEMBERS

You must provide in this section information about the boat/vessel's Crew Members that were employed during the Qualifying Period.

How many Crew Members did the vessel or business regularly employ during the Qualifying Period?

How were the Crew Members paid during the Qualifying Period? (check all that apply)

Share Percentage

Day Rate

Regular Wage/Salary

Other (Describe pay method):



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IV. CERTIFICATION AND SIGNATURE

By signing and submitting this Claimant Qualification Form to the Program Administrator, I affirm that this information is true and correct.

Claimant
Signature

Date: ____/____/____

END OF QUALIFICATION FORM