



Coastal Virginia
Offshore Wind



Coastal Virginia Offshore Wind Compensation Program

Claimant Qualification Form: Surfclam Fishing Entity

Read the Claimant Qualification Form 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 SURFCLAM 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 your 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. SURFCLAM FISHING VESSEL QUALIFICATION

Provide the information of the boat or vessel used in the period before January 28, 2024, in which you fished for surfclams within Virginia coastal waters or federal waters offshore from Virginia or North Carolina (the "Historical Period"). 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 <small>(as listed on the State Vessel Title)</small>			
Targeted Species			
Commercial Fisherman Registration License Number			
Virginia Seafood Landing License Number		Or check here if you are exempt from the seafood landing license requirement:	<input type="checkbox"/>
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.	<input type="checkbox"/> Federal or <input type="checkbox"/> State _____ (State Name)	Permitted Fishing Year	
	Permit Number	Fisheries Permitted	
2.	<input type="checkbox"/> Federal or <input type="checkbox"/> State _____ (State Name)	Permitted Fishing Year	
	Permit Number	Fisheries Permitted	

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

A. Qualifying Historical Activity

Did the boat/vessel have a history of Atlantic surfclam fishing within VA coastal waters or federal waters offshore from VA or NC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the boat/vessel name or license numbers change between now and the Historical Period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the boat/vessel sold/purchased during or after the Historical 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.).

B. Historical Fishing Location

You must demonstrate a history of lawful Atlantic surfclam fishing before January 28, 2024, anywhere within Virginia coastal waters or federal waters offshore from Virginia or North Carolina.

Before January 28, 2024, where did you fish within VA coastal waters or federal waters offshore from VA or NC?

Provide Description of historical fishing location(s)

What documents can you provide to establish you fished within VA coastal waters or federal waters offshore from VA or NC during this Historical Period?

<input type="checkbox"/> VMS/AIS/VTR Data	<input type="checkbox"/> Chart Plotter Records	<input type="checkbox"/> Proof of Homeport
<input type="checkbox"/> Harvester/Personal Logbooks		<input type="checkbox"/> NMFS or VMRC Observer data
<input type="checkbox"/> 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 for the Historical Period, your form will be deficient and you will not be eligible to participate in the Program until the deficiency is resolved.



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C. Historical Level of Effort

You must demonstrate proof of level of effort to fish in Virginia coastal waters or federal waters offshore from Virginia or North Carolina, at any time before January 28, 2024. 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 Virginia coastal waters or federal waters offshore from Virginia or North Carolina, at any time before January 28, 2024? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit/Loss Statements | <input type="checkbox"/> Harvester/Personal Logbooks | <input type="checkbox"/> Evidence of Fishing History |
| <input type="checkbox"/> Dealer Reports | <input type="checkbox"/> Receipt of Sales | <input type="checkbox"/> 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 before January 28, 2024, 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 Historical Period.

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

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

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Share Percentage | <input type="checkbox"/> Day Rate | <input type="checkbox"/> Regular Wage/Salary |
|---|-----------------------------------|--|

Other
(Describe pay method):

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