



## Atlantic Coastal Cooperative Statistics Program Advisory Committee Nomination Form

This form is designed to assist in the nomination of advisors to the Advisory Committee of the Atlantic Coastal Cooperative Statistics Program (ACCSP). The information on the returned form will be provided to the ACCSP staff. Please answer the questions that pertain to the nominee's experience. If the nominee does not fit into a particular set of questions, please leave it blank. **In addition, signatures of the nominees and Coordinating Council member are requested to verify consensus.** Once completed, please email to [info@accsp.org](mailto:info@accsp.org) with the subject line "New advisor nomination." If you have any additional questions, please do not hesitate to email [info@accsp.org](mailto:info@accsp.org).

Form submitted by: \_\_\_\_\_ State/Partner: \_\_\_\_\_  
(Name of ACCSP Operations Committee member)

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please provide the appropriate information where the nominee can be reached:

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1. Has the nominee been found in violation of criminal or civil federal fishery law or regulation or convicted of any felony or crime over the last three years?

yes \_\_\_\_\_ no \_\_\_\_\_

2. Is the nominee a member of any fishermen's organizations or clubs? yes \_\_\_\_\_ no \_\_\_\_\_

If "yes," please list them below by name.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

### **FOR COMMERCIAL FISHERMEN:**

1. How many years has the nominee been the commercial fishing business? \_\_\_\_\_ years

2. Is the nominee employed only in commercial fishing? yes \_\_\_\_\_ no \_\_\_\_\_

3. What is the predominant gear type used by the nominee? \_\_\_\_\_

**FOR CHARTER/HEADBOAT CAPTAINS:**

1. How long has the nominee been employed in the charter/headboat business? \_\_\_\_\_ years

2. Is the nominee employed only in the charter/headboat industry? yes \_\_\_\_\_ no \_\_\_\_\_

If “no,” please list other type(s) of business(es) and/occupation(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. How many years has the nominee lived in the home port community? \_\_\_\_\_ years

If less than five years, please indicate the nominee’s previous home port community.

\_\_\_\_\_

**FOR RECREATIONAL FISHERMEN:**

1. How long has the nominee engaged in recreational fishing? \_\_\_\_\_ years

2. Is the nominee working, or has the nominee ever worked in any area related to the fishing industry?

yes \_\_\_\_\_ no \_\_\_\_\_ If “yes,” please explain. \_\_\_\_\_

**FOR SEAFOOD PROCESSORS & DEALERS:**

1. How long has the nominee been employed in the business of seafood processing/dealing? \_\_\_\_\_ years

2. Is the nominee employed only in the business of seafood processing/dealing? yes \_\_\_\_\_ no \_\_\_\_\_

If “no,” please list other type(s) of business(es) and/or occupation(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

3. How many years has the nominee lived in the home port community?

If less than five years, please indicate the nominee’s previous home port community.

\_\_\_\_\_

**FOR OTHER INTERESTED PARTIES (ACADEMIA, NON-GOVERNMENTAL ORGANIZATIONS, RESEARCH, ETC.):**

1. How long has the nominee been interested in fishing and/or fisheries management? \_\_\_\_\_ years

2. Is the nominee employed in the fishing business or the field of fisheries management? yes \_\_\_\_\_ no \_\_\_\_\_

If "yes," please explain. \_\_\_\_\_

If "no," please list other type(s) of business(es) and/or occupation(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**FOR ALL NOMINEES:**

In the space provided below, please provide the ACCSP with any additional information which you feel would assist us in choosing new Advisors. You may use as many pages as needed.

Nominee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*(Please print)*

**COORDINATING COUNCIL MEMBER SIGN-OFF**

ACCSP Coordinating Council Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*(Please print)*