



Alternative Gear Authorization Application Template

Requestors are responsible for submitting a complete application which contains all the information listed in subsection 132.8 (i), Title 14, California Code of Regulations (CCR), Risk Assessment Mitigation Program.

Requests for Alternative Gear Authorization (AGA) will be accepted in any written format, however, requestors are encouraged to use this template to ensure the application includes all required information for consideration. Applicants may also include supplementary materials (e.g., maps, diagrams, technical reports, or other supporting documents) with their request for review during the application process. Sections of this application can be continued on additional pages if necessary.

For further information on the Alternative Gear Authorization, please refer to Section 132.8 (i), Title 14, CCR or the [Whale Safe Fisheries webpage](#).

A. CONTACT INFORMATION

1. Applicant

Name	
Title and/or Affiliation	
Mailing Address	
Email Address	
Phone Number	



B. DESCRIPTION OF ALTERNATIVE GEAR

Describe each component of the proposed Alternative Gear and how it operates. Photos and diagrams are encouraged.

C. ALTERNATIVE GEAR TESTING RESULTS

Describe the results of the Alternative Gear trials. Please include the number, depth, locations, and ocean conditions of the trials and gear loss rates.



D. ALTERNATIVE GEAR CRITERIA

Alternative Gear performance must meet the criteria outlined in subsection (h)(1)(B) of Section 132.8, Title 14, CCR. Please describe how the proposed Alternative Gear's performance meets each of the criteria defined below.

1. DETECTABLE

Describe how the gear is detectable by the Department, fishers and the public. The public must be granted free access to approximate gear locations to minimize the potential for gear conflict or loss.

a. Include a description of how the location is available visually and virtually.

b. Identify any specialized equipment or training required to deploy, operate, or detect the gear. Include the equipment costs and specifications.

c. If the gear is "ropeless", describe how the software enables Department law enforcement and other fishing vessels to identify the location of deployed gear within 1/4 mile.



2. RETRIEVABLE

Describe how the gear is retrievable by the Department and fishers.

a. Include a description of the means of retrieval and retrieval mechanism.

b. Specify any specialized equipment or training required to retrieve the gear.

c. Describe any safeguards or procedures to minimize gear loss and ghost gear. Include a description of the required back-up release capability that allows the gear to surface in the event of an equipment failure. Provide documentation proving that gear loss rates are no more than 10%.



3. IDENTIFIABLE

Describe how the Department can identify the permit holder of the gear. Please be aware that Alternative Gear is still subject to the gear marking requirements outlined in Section 132.8 Title 14, CCR and must have buoy tags affixed to the traps.

a. Describe how the gear can be identified at the surface and when submerged. Include the method or mechanism by which the Department can identify the permit holder of the gear.

4. BENEFICIAL

Describe how the gear reduces the risk of marine life entanglement.

a. Provide evidence that the gear reduces the risk of marine life entanglement.

5. ENFORCEABLE

Describe how the gear can be enforced by the Department.

a. Describe how the department law enforcement can find, retrieve, and redeploy the gear at sea. Describe the gear retrieval system needed by enforcement to retrieve gear.



E. ALTERNATIVE GEAR CONSTRAINTS

Alternative Gear Authorization may be limited to a specified Fishing Zone, a specified depth, a maximum number of traps, notification requirements prior to deployment of gear, and any other conditions necessary to ensure compliance with the requirements of subsection (j)(1)(D).

a. Describe any requested or suggested constraints to the gear use meeting the criteria above. These may be taken into consideration when the Department is determining necessary limitations.

F. STATEMENT VERIFYING INFORMATION ACCURACY

By signing this document, I _____ hereby certify that all information contained herein and all other information attached to this request are accurate to the best of my knowledge.

Signature of Requestor

Date