



**MINISTRY OF NATURAL RESOURCES AND LABOUR
CONSERVATION & FISHERIES DEPARTMENT
BRITISH VIRGIN ISLANDS**

FORM 4

[Regulation 7 (1)]

APPLICATION FOR LOCAL FISHING LICENCE

INSTRUCTIONS – Underline Surnames. For “address” provide complete mailing address and physical address, if different. If a detail is not applicable, write NA. Leave no blanks.

TO: CHIEF CONSERVATION AND FISHERIES OFFICER,

P.O. Box 3323, Road Town, Tortola, British Virgin Islands

1. Category of licence applying for

Commercial Sport Pleasure

2. Name of vessel

3. Name of owner

4. Postal and physical address of owner (for a company, registered office)
phone and fax numbers, and e-mail address

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5. Vessel registration number

6. Radio call sign

7. Type of fishermen, state number

Part time Full time

8. Mooring site

9. Landing site

10. Number of crew 11. Vessel's hull material

12. Main engine power 13. Overall length

14. Type of fishing operation

15. Type and quantity of fishing gear/tackle to be used:

Fish pots Seine nets of feet in length

Trolling reels Gill nets of feet in length

Pole rods Mechanical winch Long-line reels of feet in length

Other gear/tackle

16. Fish storage and/or freezing capacity for each storage and/or freezing method

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17. Proposed fishing areas

18. Proposed commencement date of fishing operation

19. If previously licensed under the Act, state the number of the last licence held

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Specify any changes to information previously provided

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20. Current fishing license held elsewhere in the region (state the number of each license and the name of each licensing country

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21. Estimated value of fishing vessel \$..... Gear/tackle \$

SAFETY – AT – SEA EQUIPMENT (indicate in box number present)

- | | | | |
|---|---|--|---------------------------------------|
| Radio <input type="checkbox"/> | Cellular phone <input type="checkbox"/> | Anchor <input type="checkbox"/> | Compass <input type="checkbox"/> |
| Flashlight reflector <input type="checkbox"/> | Flares <input type="checkbox"/> | Food ration <input type="checkbox"/> | Glass mirror <input type="checkbox"/> |
| Life vests (raft/dinghy) <input type="checkbox"/> | Life boat <input type="checkbox"/> | First aid kit <input type="checkbox"/> | Tenderer <input type="checkbox"/> |

I (We), hereby apply for a fishing license. I (We) understand that the information provided is true and correct. Any incorrect information constitutes cause to cancel the application and that I (we) am (are) required to report any changes in the information contained in this form to the Chief Conservation and Fisheries Officer within 7 days of the change.

I (We) further understand that the licence is subject to any and all attached general and special conditions.

Signature of applicant Date:

Specify if owner, charterer or agent:

Print name of applicant

Address of applicant