

**FISHERIES RESOURCES (JURISDICTION AND
CONSERVATION)(FLATS FISHING) REGULATIONS.
2016**

FIRST SCHEDULE (REGULATION 3 AND 4)

FORM 1

APPLICATION FOR **PERSONAL ANGLER** LICENCE TO ENGAGE IN
FLATS FISHING

FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) ACT (CH. 244)

FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) REGULATIONS

**FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) FLATS
FISHING REGULATIONS**

To: Minister responsible for Fisheries Resources

Is application for purpose of { } Sport Fishing OR { } Research

Note: If for research purposes, the purpose and details of the research and institution involved must accompany this application.

1. Name of Applicant:_____
2. Sex: Male { } Female { }
3. Age Range (Years)
13-20 { } 21-35 { } 36-55 { } 56+ { }
4. Home Address:_____
5. Province State:_____ Country:_____
6. Telephone No:_____ Fax No:_____
- Email Address:_____ Postal Address:_____
7. Proposed Start Date of Fishing:_____ Ending Date of Fishing:_____
8. Proposed Fishing Areas (Island):_____

Signature of Applicant:_____ Date:_____

**FISHERIES RESOURCES (JURISDICTION AND
CONSERVATION)(FLATS FISHING) REGULATIONS.
2016**

FIRST SCHEDULE (REGULATION 5)

FORM 1

APPLICATION FOR FLAT FISHING GUIDE LICENCE

FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) ACT (CH. 244)

FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) REGULATIONS

**FISHERIES RESOURCES (JURISDICTION AND CONSERVATION) FLATS
FISHING) REGULATIONS**

To: Minister responsible for Fisheries Resources

Is application for purpose of Sport Fishing OR Research

**Note: If for research purposes, the purpose and details of the research
and institution involved must accompany this application.**

1. Name of Applicant: _____
2. Sex: Male Female
3. Home Address: _____
4. District/Settlement: _____ Island: _____
5. Telephone No: _____ Fax No: _____
Email Address: _____
6. Date of certification: _____

**NB: This application must be accompanied by an original/certified copy of the Certificate
issued to you by an approved fly fishing association.**

Signature of Applicant: _____ Date: _____

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Official Use Only

Has applicant enclosed original/certified copy of certificate? **Yes** **No**

Has training of applicant been verified by Ministry of Tourism in accordance with regulation 5(2)(b)

Yes **No**
