**1. Your Details**

To apply for a permit you must be the owner of the named relevant fishing vessel. Where joint ownership exists please specify all parties. Lead applicant and main point for correspondence should be submitted as First Name.

|  |  |  |
| --- | --- | --- |
| **1a**. **Lead applicant** - Full Name |  | **1b**. Date of Birth |
|  |  |  |
|  |  |  |
| **1c**. Address (including postcode) |  | **1d**. Telephone Number |
|  |  |  |
|  |  |
|  | **1e**. Mobile Number |
|  |  |
|  |  |
|  | **1f**. Email |
|  |  |

**Additional Owner** (skip this part if the vessel is not jointly owned)

|  |  |  |
| --- | --- | --- |
| **1g**. Full Name |  | **1h**. Date of Birth |
|  |  |  |
|  |  |  |
| **1i**. Address (including postcode) |  | **1j**. Telephone Number |
|  |  |  |
|  |  |
|  | **1k**. Mobile Number |
|  |  |
|  |  |
|  | **1l**. Email |
|  |  |

You **must** inform us if you change address during the period of permit.

**If you require more shared owners please submit additional copies of this page.**

**2. Company Details**

If the vessel is owned by a company complete this section. If the vessel is not owned by a business skip to Section 3.

|  |  |  |
| --- | --- | --- |
| **2a**. Name of Business | | |
|  | | |
|  |  |  |
| **2b**. Address of Business (including postcode) |  | **2c**. Business Telephone Number |
|  |  |  |
|  |  |
|  | **2d.** Business Email |
|  |  |
|  |  |
|  |  |
|  |  |

**3. Vessel Details**

Please complete the details below:

|  |  |  |
| --- | --- | --- |
| **3a**. Name of Vessel |  | **3b**. Port Letter and Number (PLN) |
|  |  |  |
|  |  |  |
| **3c.** Vessel Registration Number |  | **3d.** Vessel Overall Length (metres) |
|  |  |  |
|  |  |  |

**3e.**

Does your fishing licence include a shellfish entitlement? Tick the appropriate box.

Yes No

**4. Type of Permit Required**

Please tick the boxes of the permit you require

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick which permit(s) you are applying for** | **Permit** | **Pot Limitations = maximum number of pots permitted** | **Cost** |
|  | Cat 1: Whelk | Max. 400 pots - for vessels under 10m without a proven track record | £200 |
|  | Cat 1: Whelk | Max. 1,000 pots - for vessels with a proven track record | £200 |

Where applicable the permit fee includes the cost of one set of gear tags, the initial tag applicator and the replacement of one lost or damaged permit sticker.

**5. Permit Holders Named Representative(s)**

A “named representative” means a person qualified to skipper a vessel who has been granted permission to fish from a vessel by a permit holder and is nominated by that permit holder to fish using the permit holder’s permit from that vessel under the same entitlement, conditions and responsibilities as the permit holder in their absence.

**Named Representative 1**

|  |  |  |
| --- | --- | --- |
| **5a**. Full Name |  | **5b**. Date of Birth |
|  |  |  |
|  |  |  |
| **5c**. Address (including postcode) |  | **5d**. Contact Number |
|  |  |  |
|  |  |
|  | **5e**. Email |
|  |  |
| **5f.** Signature of Representative |  | **5g.** Date Signed |
|  |  |  |
| **Named Representative 2**  **5h**. Full Name |  | **5i**. Date of Birth |
|  |  |  |
|  |  |  |
| **5j**. Address (including postcode) |  | **5k**. Contact Number |
|  |  |  |
|  |  |
|  | **5l**. Email |
|  |  |
| **5m.** Signature of Representative 2 |  | **5n.** Date Signed |
|  |  |  |

**You must also now include a passport sized photograph of all Named Representatives.**

**Please tick this box to confirm you have included it with your application.**

**If you require more representatives please submit additional copies of this page.**

**6. Payment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6a.** | |  |  | |
|  | I wish to Pay by BACS |  |  | I wish to pay by card (please allow time for the application form to arrive before calling) |

**7. Collection**

Tags will usually be available for collection from your nearest IFCO. Please specify where you would like to collect your tags from if applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7a.** | |  |  | |
|  | Liverpool |  |  | Carnforth |
|  | Barrow-In-Furness |  |  | Whitehaven |
|  | Other (please specify) |  |  |  |

**8. Checklist**

Please check that you have enclosed with your application copies of the following documents (if they have been renewed or updated within the last 12 months):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8a. All Applications** | |  |  | | |
|  | Copy of the Vessel's Fishing Licence |  |  | |  |
|  | Copy of the Vessel's Certificate of Registry |  |  |  | |

**9. Your Signature**

By signing, you declare that the information you have supplied on this form and supporting forms is correct and that you will abide by the conditions of the permit.

|  |  |  |
| --- | --- | --- |
| **9a.** Signature |  | **9b.** Date |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** |  | | | | |
| **Date Application Received & Complete:** | **Date Paid, How & Inv No:** | **Date of Issue:** | **Date Permit Posted:** | **Tag Nos:** | **New Permit Number:** |
|  |  |  |  |  |  |

**GUIDANCE NOTES**: Please refer to these notes

**SECTION 1: YOUR DETAILS**

**To be Completed by ALL APPLICANTS**

**To apply for a permit you must be the owner of the named relevant fishing vessel. Where joint ownership exists please specify all parties. Lead applicant and main point for correspondence should be submitted as Lead Applicant.**

**1a-f.** Supply the requested details. The contact details provided here must be for the main point of contact.

**1g-1l.** Provide the details of any additional owner of the vessel. If the ownership of the vessel is not shared, skip to section 2.

If there are more than two owners please complete additional copies of page 1.

**SECTION 2: COMPANY DETAILS**

**Complete this section if the vessel is owned by a business. If the vessel is not owned by a business skip to section 3.**

**2a-d.** Supply the requested details of the company.

**SECTION 3: VESSEL DETAILS**

**To be completed by ALL APPLICANTS**

**3a-d.** Supply the requested details.

**3e.** Tick the box appropriate box regarding shellfish entitlement.

**SECTION 4: TYPE OF PERMIT REQUIRED**

**To be completed by ALL APPLICANTS**

**4.** Tick the boxes of the permits you require. Please state the number of tags required where applicable. Total the cost of the permits in the total box at the bottom of the table.

**SECTION 5: PERMIT HOLDERS NAMED REPRESENTATIVES**

**To be completed by ALL APPLICANTS**

**5a-e.** Supply the requested details of the skipper who will be acting under the permit.

**5f-g.** Obtain the signature of the representative skipper and date it.

**5h-n.** If you have more than one skipper fill out the additional boxes provided here.

If you have more representatives please submit additional copies of this page.

**SECTION 6: PAYMENT**

**To be completed by ALL APPLICANTS**

**6a.** Please ensure you enclose the following:

**Permit Fee:** The permit fee(s) for your potting permit(s) must be paid by BACS or by card.

If you wish to pay by card or BACS please call reception during office hours at least 3 working days after posting your application.

If paying by BACS you MUST include your invoice number as reference.

**Do not** leave answer phone messages including payment information.

**Postal orders or cash will not be accepted.**

**SECTION 7: COLLECTION**

**To be completed by ALL APPLICANTS**

**7a.** Please specify where you would like to collect your tags from, if applicable. You will be contacted when your tags are ready for collection.

**SECTION 8:** **CHECKLIST**

**8a.** Please check you have included all the relevant up to date documents.

**SECTION 9: YOUR SIGNATURE**

**9a-b.** You must include your signature and the date to the application form.