



FISH RECEIVER LICENCE APPLICATION

Please Print

NAME OF REGISTERED COMPANY <u>OR</u> INDIVIDUAL APPLYING FOR LICENCE		FOR LICENCE YEAR	
DOING BUSINESS AS (if different from above)		BC COMPANY #	
MAILING ADDRESS OF COMPANY <u>OR</u> INDIVIDUAL APPLYING FOR LICENCE		BUSINESS TYPE (please <input checked="" type="checkbox"/> one): Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	
STREET ADDRESS (if mailing address is a PO Box # please identify a physical address)			
CITY OR TOWN	PROVINCE	POSTAL CODE	
CONTACT PERSON		CONTACT PERSON'S POSITION/TITLE	
NAME TO APPEAR ON LICENCE (if different from above)		PHONE #	FAX #
E-MAIL ADDRESS (providing e-mail indicates your approval to communicate via e-mail with us)			CELL #

Select (✓) the applicable categories and total the fees below:

	FINFISH (OTHER THAN SALMON OR ROE HERRING)	\$ 150.00	
	INVERTEBRATE	\$ 150.00	
	ROE HERRING	\$ 230.00	
	SALMON	\$ 230.00	
TOTAL FEES REMITTED: \$			<ul style="list-style-type: none"> Cheque made payable to Minister of Finance \$30 service charge for dishonored cheques

Do you receive fish directly from a commercial fisher? <input type="checkbox"/> YES <input type="checkbox"/> NO
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APPLICATION CONTINUED ON REVERSE

Ministry use only

Approved by: _____ Date: _____

Licence #: _____

TYPE OF FISH RECEIVER: Select (✓) one only

	VEHICLE	Year	Make & Model	Licence Plate #	VIN
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If Vehicle selected (✓) above, a copy of your vehicle registration must be submitted with your application.

	SHORE STATION	Name of Shore Station	Location of Shore Station
	VESSEL	Name of Vessel	VRN

I am the registered owner of the vehicle or vessel above: YES NO

If NO, the registered owner of the vehicle or vessel must provide their written consent below. Failure to provide this information may result in your Application being returned.

REGISTERED OWNER'S CONSENT:

I, _____ am the registered owner of the vehicle or vessel shown above.
Print **Owner's Name** (and company - if applicable)

By signing below, I acknowledge that if this Application is approved, my vehicle or vessel information will be identified on the Fish Receiver Licence.

Registered Owner's signature

Phone #

Date

APPLICANT DECLARATION:

I hereby certify that I am authorized to sign and submit this form. I also declare that all information provided on this form is true and correct to the best of my knowledge.

Applicant Signature (or company designate)

Print Name

Applicant's Position/Title

Date Signed

The personal information on this application is collected by the Ministry of Agriculture under the authority of the Fish and Seafood Act (S.B.C.) and Section 26 of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of administering and enforcing the Fish and Seafood Act (S.B.C.). For questions regarding the collection of personal information, please contact the Ministry of Agriculture, 2500 Cliffe Avenue, Courtenay, BC, V9N 5M6 250-897-7540 or 250-897-7542.