



## 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 #		
BUSINESS MAILING ADDRESS			BUSINESS TYPE (please <input checked="" type="checkbox"/> one): CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SOCIETY <input type="checkbox"/>		
CITY OR TOWN	PROVINCE	POSTAL CODE			
EMAIL ADDRESS (providing e-mail indicates your approval to communicate via e-mail with us)					
CONTACT NAME		POSITION TITLE			
PHONE #	CELL #	FAX #			

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	
<b>TOTAL FEES REMITTED: \$</b>			<ul style="list-style-type: none"> <li>Cheque made payable to Minister of Finance</li> <li>\$30 service charge for dishonored cheques</li> </ul>

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**

**TYPE OF FISH RECEIVER: Select (✓) one only**

<input type="checkbox"/>	<b>VEHICLE</b>	Year	Make	Model
		Licence Plate #		VIN

**Copy of vehicle registration must be submitted with your application.**

<input type="checkbox"/>	<b>SHORE STATION</b>	Name of Shore Station		
		Shore Station Address/Geographic Location		
		City or Town	Province	Postal Code

<input type="checkbox"/>	<b>VESSEL</b>	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)

I acknowledge that if this application is approved, my vehicle or vessel information will be identified on the licence.

\_\_\_\_\_

**Registered Owner's signature** \_\_\_\_\_ \_\_\_\_\_  
 Phone # Date Signed

**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 & 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.*