



FISHER VENDOR LICENCE APPLICATION

1. APPLICANT INFORMATION

LEGAL NAME OF INDIVIDUAL APPLYING FOR LICENCE			FOR LICENCE YEAR
LAST NAME	FIRST NAME	MIDDLE NAME	
BUSINESS MAILING ADDRESS			
CITY		PROVINCE	POSTAL CODE
BUSINESS E-MAIL ADDRESS (providing e-mail address indicates your approval to communicate via e-mail)			
BUSINESS PHONE #	BUSINESS CELL #	BUSINESS FAX #	
FISH HARVESTER REGISTRATION CARD # (FRC)	<ul style="list-style-type: none"> COPY OF YOUR FRC (FOR THE LICENCE YEAR) MUST BE SUBMITTED WITH YOUR APPLICATION <li style="text-align: center;">OR COPY OF YOUR FISHER DESIGNATION CARD IF YOU ARE A FIRST NATION DESIGNATED FISHER 		
FISHER IDENTIFICATION # (FIN)			
TOTAL FEE TO BE REMITTED: \$ 30.00		<ul style="list-style-type: none"> Cheque made payable to Minister of Finance \$30 service charge for dishonored cheques 	

APPLICANT DECLARATION:

I 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

Applicant Name

Date Signed

APPLICATION CONTINUED ON REVERSE

2. FISHING VESSEL INFORMATION

NAME OF FISHING VESSEL	VRN NUMBER	PRIMARY DOCK-SIDE SALES LOCATION (e.g., Steveston Harbour, Comox Harbour etc.)

FISHING VESSEL REGISTERED OWNER CONSENT:

The registered owner of the vessel(s) identified must provide their written consent.

I certify that I am the registered owner of the vessel(s) identified. I acknowledge that if this application is approved, my vessel(s) information will be identified on the licence.

Registered Owner's Signature

Registered Owner's Name

Phone #

Date Signed

The personal information on this application is collected by the Ministry of Agriculture and Food under the authority of the Fish and Seafood Act (S.B.C.) and section 26(c) 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 and Food, PO Box 9120 Stn Prov Govt, Victoria BC V8W 9B4, 778-698-4884.