

# 2018



## APPLICATION FOR RECREATIONAL SHELLFISH PERMIT (in accordance with Byelaw 4 'Crustacea & Molluscs Permitting and Pot Limitation')

I HEREBY MAKE AN APPLICATION for up to 5 numbered pot tags for the year of 2018 for the area of sea within the limits of the Northumberland Inshore Fisheries and Conservation Authority district. I understand that there is a payment of £10 for this annual permit which will be valid until 31<sup>st</sup> December of the year specified.

### Please complete this form in BLOCK CAPITALS

#### PART 1: CONTACT DETAILS

Full Name of Applicant \_\_\_\_\_ DOB: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone Number Landline \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_

#### PART 2: FISHING DETAILS

Are the pots fished from a vessel?  Yes  No  
If Yes, where is the vessel kept (port name)? \_\_\_\_\_ Vessel name \_\_\_\_\_  
If no, what area of shore are the pots fished from? \_\_\_\_\_

#### PART 3: PAYMENT DETAILS

Preferred Method of payment:  Payment Card  Cash  
(£10 to be paid in full)

**FOR OFFICE USE:** Date payment received: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Authorised: \_\_\_\_\_

#### PART 4: DECLARATION

##### **DECLARATION (to be signed by applicant):**

I HEREBY DECLARE that I will comply with the conditions subject to which a permit is issued to me.

**I understand and agree that Northumberland Inshore Fisheries and Conservation Authority will hold and use the information contained in this application, and any additional information which I may provide in the future, in accordance with the Data Protection Act 1998/General Data Protection Regulation 2016 and for the purposes of administering the Shellfish Permit and complying with any legal requirements. I understand and agree that the Authority may contact me in relation to my permit and matters which could affect my permit (for example byelaw amendments, consultations etc.)\***

Signed \_\_\_\_\_ Date \_\_\_\_\_

##### **TO BE SIGNED ON RECEIPT OF TAGS:**

I confirm having received \_\_\_\_\_ tags numbered \_\_\_\_\_ to \_\_\_\_\_ and acknowledge that it is my responsibility to keep a record of the tags and **accurately report the numbers of any tags which are lost to the NIFCA office as soon as possible.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**\*For more information about how we store and process your data, please visit: [www.nifca.gov.uk/permits/](http://www.nifca.gov.uk/permits/) where you will find the Authority Privacy Notice. Any changes to the above information should be notified to the Chief Executive immediately. This application form should be completed and returned to: NIFCA, 8 Ennerdale Road, Blyth, Northumberland, NE24 4RT.**

