

2019

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 2019 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 31st December of the specified year. I understand that I will receive the same number of escape gaps.

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, which area(s) 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 AND ESCAPE GAPS:

I confirm having received ____ tags numbered _____ to _____ and ____ escape gaps.

I acknowledge that I must affix one escape gap to each pot I use in the NIFCA district, to keep a record of the tags I have received and to accurately report to the NIFCA office **the numbers of any tags which are lost** as soon as possible.

Signed _____ Date _____

*For more information about how we store and process your data, please visit: 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.