

Nunatsiavut Government Commercial Fishery Designation Application

Application Deadline April 6, 2018 at 4:30pm Atlantic Time

***For more information please contact Todd Broomfield, Director of Renewable Resources, at (709)923-2365 ext. 227**

Name: _____ Beneficiary Number: _____
Telephone Number: _____ Email Address: _____
Mailing Address: _____

Do you currently hold Northern Labrador Core Status? **Yes/No**

IF Yes, What year did you receive your Northern Labrador Core Status: _____

Do you have Marine Basic First Aid **Yes/No** Expiry Date: _____

Do you hold a Professional Fish Harvester Certification? **Yes/No**

If yes, what certification do you hold? **Apprentice/Level I /Level II**

If no, do you plan on acquiring Professional Fish Harvester Certification? **Yes/No**

If yes, please outline the details of your plan to obtain certification, what level of certification you will be seeking and the estimated date of completion:

How many years have you participated in the inshore or offshore commercial Fishery? _____

How many years have you been designated to harvest under one of NG's quotas or licenses? _____

When was the first year you received a designation? _____

What species have you harvested most recently, where and for whom?

Under which of the Nunatsiavut Government Licenses are you applying to harvest?

(Mark X on all that apply)

1	Area 2J North /H South Snow Crab:	
2	Area 2J South Snow Crab:	
3	Area 2H Exploratory Snow Crab	
4	Area SFA 4 Shrimp:	
5	Area SFA 5 Shrimp	
6	Area 2+3K Competitive Greenland halibut:	
7	Area 2 Communal Greenland halibut Allocation:	
8	Area 1 Competitive Scallop	
9	Area 2J Stewardship Cod Fishery	



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A Do you own the vessel you plan to utilize? **Yes / No**

If **yes**, what species is the vessel geared to harvest?

If **yes**, what species do you plan on harvesting with this vessel?

What size is the vessel?

Please attach proof of vessel ownership.

B Do you have an official signed lease to buy agreement with the owner of the vessel you plan to utilize? **Yes / No**

If **yes**, what species is the vessel geared to harvest?

If **yes**, what species do you plan on harvesting with this vessel?

What size is the vessel?

Name and contact of vessel owner:

Please attach a copy of the lease to buy agreement.

C Do you have an official signed co-op arrangement with the vessel owner you plan to utilize? **Yes / No**

If **yes**, what species is the vessel geared to harvest?

If **yes**, what species do you plan on harvesting with this vessel?

What size is the vessel?

Name and contact of vessel owner:

Please attach a copy of the co-op arrangement.

D Are you planning a lease arrangement with a vessel owner or owners? **Yes/ No**

If **yes**, what species is the vessel(s) geared to harvest?

If **yes**, what species do you plan on harvesting with this vessel(s)?

What size is the vessel?

Is this vessel owner a Beneficiary? **Yes / No**

If **yes**, please provide the person's name and contact information:

If you have more than one lease arrangement, please specify the details for each vessel and arrangement



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How many Beneficiary crew members will be employed, not including yourself if you harvest:

- A) For the NG in Snow Crab fishery? _____
- B) For the NG in the Shrimp fishery? _____
- C) For the NG in the Competitive Greenland Halibut fishery? _____
- D) For the NG in the Communal Greenland Halibut fishery? _____
- E) For the NG in the Competitive Scallop fishery? _____
- F) For the NG in the Stewardship Cod Fishery? _____
- G) For someone other than NG? Please specify what species, under whose license and the number of Beneficiary crew members that would be employed and the duration of the employment.

If you have additional; information to support you request, please provide details below:

All completed applications and required supporting documents must be received by:
Friday April 6, 2018 at 4:30 p.m AST

Completed applications and required supporting documents are to be returned to the attention of the Director of Renewable Resources via one of the following methods:

1. Hand delivery to 1a Hillcrest Road, Happy Valley-Goose Bay, NL
2. Mail to the following address:
P.O. Box 909, Stn B
Happy Valley-Goose Bay, NL A0P 1E0
3. Email to: jody_manning@nunatsiavut.com
4. Fax to: (709) 896-2610

Signature Required:

I certify that that the information I have provided is accurate and true.

Applicant's Signature: _____ Date : _____

