

LICENSE CONDITION REQUEST FORM

TO: LICENSING SERVICE CENTRE
FISHERIES AND OCEANS CANADA
ANTIGONISH, NS

FAX NUMBER: (902) 863-0998

PHONE NUMBER: (902) 863-0533

INFORMATION REQUIRED

LICENCE HOLDER'S NAME: _____

F.I.N.: _____ LICENCE NUMBER: _____

VESSEL NAME: _____

C.F.V. NUMBER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

GEAR TYPE: _____ FIXED GEAR _____ Longline _____ Handline _____ Gillnet
_____ MOBILE GEAR

REQUEST CONDITIONS FOR AREA: _____

SPECIES: _____

DATE CONDITIONS REQUIRED FOR: _____

IS THIS REQUEST INTENDED FOR A TEST FISHERY? _____ (Yes or No)
IF SO, PLEASE PROVIDE THE FOLLOWING:

TIME AND DATE OF DEPARTURE _____

PORT OF DEPARTURE: _____

PLEASE ALLOW TWO WORKING DAYS FOR ISSUANCE OF YOUR CONDITIONS

LICENCE HOLDER'S SIGNATURE

DATE

SUBSTITUTE OPERATOR'S SIGNATURE
(IF APPLICABLE)

DATE

OFFICE USE ONLY (Check List)

- ___ Has Observer Coverage Been Confirmed?
- ___ Has license has been renewed for the current year?
- ___ Is Temporary License Required?
- ___ Has Vessel Class has been confirmed.