



BERMUDA GOVERNMENT
Department of Environmental Protection

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APPLICATION FOR FOREIGN SPORTS FISHING ANCILLARY VESSEL LICENSE
(under the Bermuda Fisheries Act, 1972)

Vessel Name _____ **Registration No.** _____

Call sign _____

Owner's Name _____ **Captain's Name** _____

Permanent Address: _____ **Local Address:** _____

Telephone _____ **Telephone** _____

e-mail _____

Crew members: _____

Mooring location _____ **Parish** _____

Vessel description:

Make _____ **Length (ft)** _____

Beam (ft) _____ **Draught (ft)** _____

Hull colour _____ **Cabin colour** _____

VHF radio _____ **SSB radio** _____

GPS _____ **Radar** _____

EPIRB _____

I agree to comply with any terms and conditions made by the Director under the authority of the Bermuda Fisheries Act, 1972 and Fisheries Regulations, 2010, and to comply with the requirements of the Fisheries Act and Regulations.

Signature _____ Date _____

Name of owner (Print) _____

FOR ENVIRONMENTAL PROTECTION USE ONLY
Application for a Foreign Sport Fishing Ancillary Vessel License

Date of receipt of application _____

Approved _____ Not approved _____ Date _____

Reason if not approved _____

Fee Received _____ Yes _____ No _____ Receipt # _____

Sports Fishing License Number issued _____

Environmental Protection Officer Date _____