

# WASH COCKLE AND MUSSEL BYELAW 2021

## ELIGIBLE PERSONS APPLICATION FORM

This application form is for persons who have been notified by the Authority that they are eligible to hold a permit under the Wash Cockle and Mussel Byelaw 2021.



**If you are uncertain about your eligibility**, please contact the office: by Phone (01553 775321), by Email ([mail@eastern-ifca.gov.uk](mailto:mail@eastern-ifca.gov.uk)) or by post (Eastern IFCA, Unit 6, North Lynn Business Village, Bergen Way, King's Lynn, Norfolk, PE30 2JG)

Please visit the Authority's [website](#) or contact us for more information on the Eligibility Policy.

### Personal / Vessel details

Name:

Address:

Vessel name & PLN:

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### This is an Application for (tick all that apply):

- Hand-work Cockle Permit - £339.57
- Dredge Mussel Permit - £162.48
- Hand-work Mussel Permit - £101.39

### Declaration

I, the above-named person, endorse the following statements (please tick)

- I understand that the declarations made in this application will be cross-referenced against previous information provided in related applications and fishing activity records to check your eligibility.
- I have maintained my eligibility to hold a permit in accordance with the Eligibility Policy.
- All of the information contained in this form is correct to the best of my knowledge, and all of the supporting information and evidence is genuine. I understand that providing a declaration, information or evidence which is false or fraudulent are grounds for the permit not to be issued or, if issued, grounds for the associated permit(s) to be cancelled.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

To add Nominated Deputy please go to page 2.

## Nominated Deputy(s)

You may apply for up to 2 nominated deputies who may skipper the vessel under the authority of a permit.

### Nominated Deputy 1

Name:

Address:

### Declaration

I, the above-named person (nominated deputy 1), endorse the following statements (please tick)

- I understand that the declarations made in this application will be cross-referenced against previous information provided in related applications and fishing activity records to check your eligibility.

I am eligible to be named as a nominated deputy because:

- I have completed the Eastern IFCA Wash Training Course as demonstrated by certification; and
- I have fished within The Wash on at least 16 separate occasions within a year and within three separate years; and
- I am are qualified to act as skipper of a licensed fishing vessel and that they hold all relevant safety certifications in line with the requirements under the Merchant Shipping Act 1995 and the Regulations made thereunder.

### Supporting evidence – please tick the relevant box

- I have previously provided supporting evidence as to my eligibility to be a nominated Deputy **or**
- I have enclosed supporting evidence as to my eligibility with this application

- All of the information contained in this form is correct to the best of my knowledge, and all of the supporting information and evidence is genuine. I understand that providing a declaration, information or evidence which is false or fraudulent are grounds for the permit not to be issued or, if issued, grounds for the associated permit(s) to be cancelled.

### Nominated Deputy 1

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Nominated Deputy 2

Name:

Address:

**Declaration**

I, the above-named person (nominated deputy 2), endorse the following statements (please tick)

I understand that the declarations made in this application will be cross-referenced against previous information provided in related applications and fishing activity records to check your eligibility.

I am eligible to be named as a nominated deputy because:

- I have completed the Eastern IFCA Wash Training Course as demonstrated by certification; and
- I have fished within The Wash on at least 16 separate occasions within a year and within three separate years; and
- I am are qualified to act as skipper of a licensed fishing vessel and that they hold all relevant safety certifications in line with the requirements under the Merchant Shipping Act 1995 and the Regulations made thereunder.

Supporting evidence – please tick the relevant box

I have previously provided supporting evidence as to my eligibility to be a nominated Deputy **or**

I have enclosed supporting evidence as to my eligibility with this application

All of the information contained in this form is correct to the best of my knowledge, and all of the supporting information and evidence is genuine. I understand that providing a declaration, information or evidence which is false or fraudulent are grounds for the permit not to be issued or, if issued, grounds for the associated permit(s) to be cancelled.

Nominated Deputy 2

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Payment information

**Cheques:** made payable to 'Eastern IFCA'

Send to Eastern Inshore Fisheries and Conservation Authority, Unit 6 North Lynn Business Village, Bergen Way, King's Lynn, Norfolk, PE30 2JG

### Payment via BACS – Bank Account Details

Name of Account holder:	Eastern Inshore Fisheries and Conservation Authority
Name of Bank:	Barclays Bank
Sort Code:	204665
Account Number:	70348333