

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 Cackle 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) 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:

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

- ☐ Hand-work Cackle 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