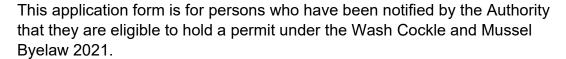
## **WASH COCKLE AND MUSSEL BYELAW 2021**

#### ELIGIBLE PERSONS APPLICATION FORM





If you are uncertain about your eligibility, please contact the office: by Phone (01553 775321), by Email (<a href="mail@eastern-ifca.gov.uk">mail@eastern-ifca.gov.uk</a>) 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.

Pers	onal / Vessel details		
Nam	e:		
Addr	ess:		
Vess	el name & PLN:		
This	s an Application for (tick all that apply):		
	Hand-work Cockle Permit - £339.57		
	Dredge Mussel Permit - £162.48		
	Hand-work Mussel Permit - £101.39		
Decla	ration		
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.		
Nam	ne		
Sign	ed Date		

To add Nominated Deputy please go to page 2.

#### Nominated Deputy(s)

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. <u>Supporting evidence – please tick the relevant box</u> 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

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

Nomi	nated L	Deputy 2	
Name	<b>)</b> :		
Addre	ess:		
Decla	ration		
I, the a	above-n	amed 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 e	ligible 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.	
Suppo	rting ev	ridence – 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.		
Nom	inated	Deputy 2	
Nam	e		
Signe	ed_	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