

MINISTRY OF NATURAL RESOURCES AND LABOUR CONSERVATION & FISHERIES DEPARTMENT BRITISH VIRGIN ISLANDS

FORM 1

[Regulations 3(1)]

APPLICATION FOR REGISTRATION OF A LOCAL FISHING VESSEL

INSTRUCTIONS: Underline Surnames. For "address" provide complete mailing address and physical address, if different. If a detail is not applicable, write NA. Leave no blanks.

TO: CHIEF CONSERVATION AND FISHERIES OFFICER,

P.O. Box 3323, Road Town, Tortola, British Virgin Islands

I hereby apply for the registration of the local fishing vessel for the following:

Name of vessel
Name and date of birth of owner (for a company, date of incorporation)
Postal and address of owner (for a company, registered office), phone and fax numbers, and e-mail address
Residential status

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5.	Name and address of any other person (s) having interest in the vessel
6.	Name and date of birth of captain
7.	Number of crew
8.	Vessel make and model
9.	Hull type: a) wood b) fiberglass c) steel d) other
10.	Vessel colour: inside outside
11.	Boat length width
12.	Boat beam/draught
13.	Type of gear operated on vessel: (circle appropriate gears)
	a) Trolling b) Flying fish net c) Beach seine d) Fish pots
	e) Turtle nets f) Long line g) Gill net h) Handline
	i) Snorkel equipment j) Electrical/mechanical reels k) Other
14.	Mechanical aids: (circle appropriate aids)
	a) winches b) anchor windlass c) other

15.	Navigational and safety equipment
16.	Communication aids and electrical aids
17.	Fuel type: a) gasoline b) diesel c) other
18.	Engine type: a) out-board b) in-board c) Horsepower
19.	Number of engines
20.	Engine make and model
21.	Estimated value of vessel
22.	Method and capacity of catch storage
23.	Catch landing site (s) used by vessel
24.	Place of mooring
25.	Proposed fishing area

I declare that the vessel described above is a local fishing vessel within the meaning of the Fisheries Act 1997. I understand that I am required to report any changes in the information contained in this form to the Chief Conservation and Fisheries Officer within seven (7) days of the change.

APPLICANT'S SIGNATURE
NAME AND DESIGNATION
DATE