

**DEPARTMENT OF FISHERIES
APPLICATION FOR A SPEAR GUN PERMIT**

1. Name of applicant: _____
2. Date of Birth: _____
3. Home Address _____
4. Postal Address: _____
5. Telephone Number: _____ 6. E-mail: _____
7. At present, are you a registered fisher? : () Yes () No
8. If yes, what is your registration number? : _____
9. How long have you been spear fishing?: _____
10. What areas do you fish?: _____
11. Do you use a boat when spear fishing? () Yes () No
12. If from a boat, what is the vessel's registration number/name: _____
13. Is this the first time that you are applying for a spear gun permit? () Yes () No
14. What do you do with the fish you catch? () sell () eat () both
15. If you spear fish to sell, to what level does spearfishing contribute to your regular income: () Less than 1/3 () 1/3 to 1/2 () more than 1/2
16. What kind of spear gun do you use?: () homemade () imported () fléchet
- Signature: _____ Date _____

NOTE:

1. Any licence issued on the basis of this application form is liable to cancellation if any of the information given in the form is incorrect.

2. Submission of a completed application form to the Department of Fisheries does not guarantee issuance of licence.

Extension Officer

FOR OFFICAL USE	
Approved By.....	Date.....