

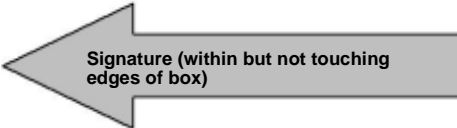


BELIZE FISHERIES DEPARTMENT
MINISTRY OF AGRICULTURE, FISHERIES, FORESTRY,
THE ENVIRONMENT, SUSTAINABLE DEVELOPMENT & IMMIGRATION

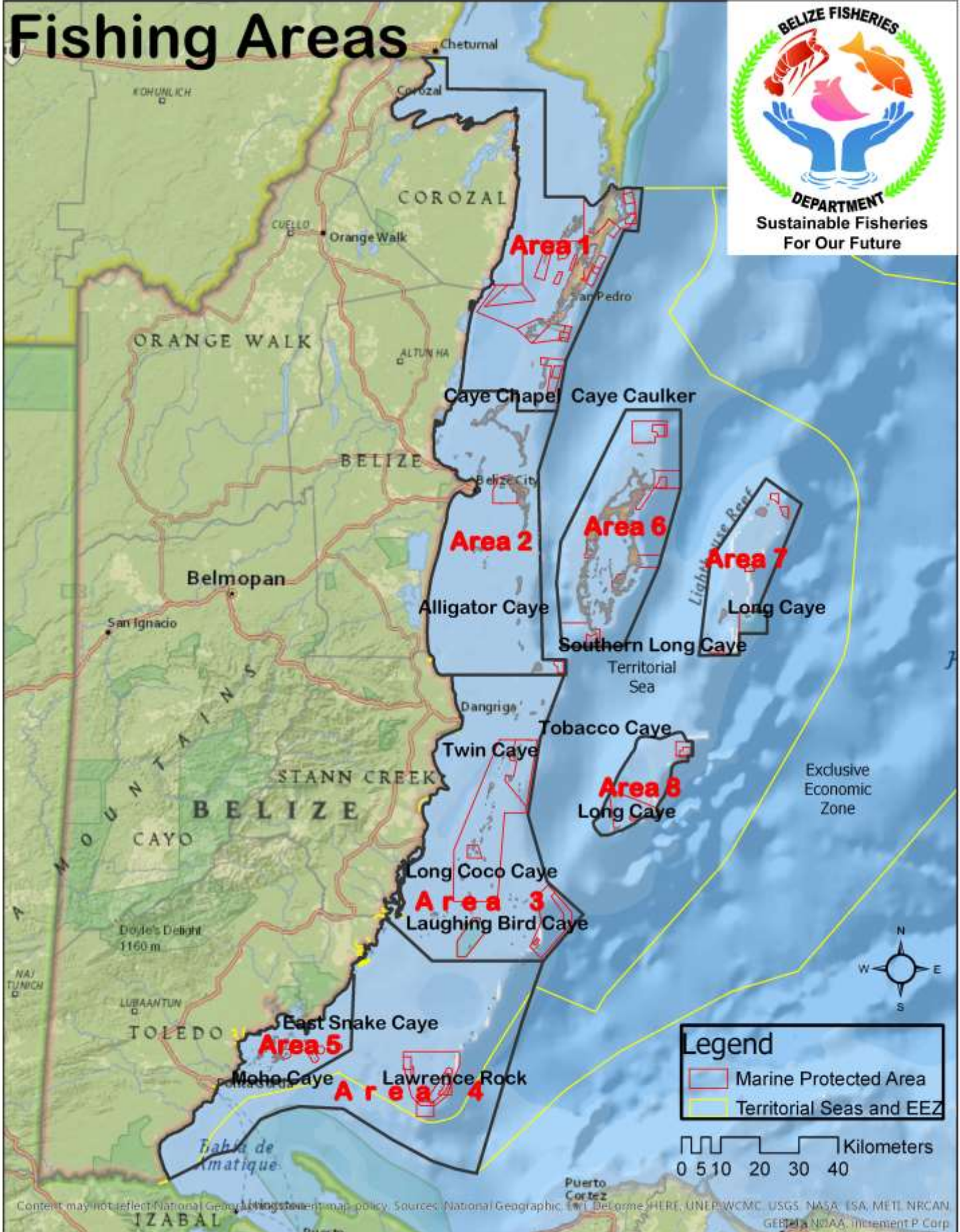
PRINCESS MARGARET DRIVE * P.O. BOX 148 * BELIZE CITY, BELIZE C.A.
 PHONE: (501) 224-4552/223-2187 * FAX: (501) 223-2986
 Email: Fisheries_department@fisheries.gov.bz



Fisher Folk License RENEWAL Application Form

First Name:	Middle Name:	Surname:
Type and no. of I.D.:	Phone number:	Deep Sea Fishing ____ Inland Fishing ____
Address: Street Name and No.	Community/ Village:	District:
Contact in case of Emergency: Name: _____ Relation to you: _____ Contact Number: _____ Address: _____		
Role: Boat Owner [] Captain [] Crew member [] Boat Owner & Captain []		
I, the undersigned, hereby apply for the issue of a Fisher Folk License. I declare that the information provided in this document is correct to the best of my knowledge and belief		
Please choose that which is applicable from the list below: [] Attached is Belize Fisher Folk License number _____ issued at _____. [] Unavailable for presentation. I have attached a statutory declaration attesting to its loss, destruction or being stolen.		
		Date: ____/____/____ (day /month/year)
FOR OFFICIAL USE ONLY		
Licensing Clerk: _____	License No.: _____	Date: ____/____/____ (day /month/year)
RCR No: _____	Amount: _____	
Renewal () Replacement ()	Comments: _____	
Entered () Scanned () Received ()		
Comments:		
Form filled out by: _____		

Fishing Areas



Legend

- Marine Protected Area (indicated by a red outline)
- Territorial Seas and EEZ (indicated by a yellow outline)



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