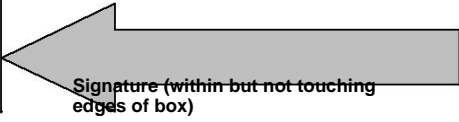




**BELIZE FISHERIES DEPARTMENT**  
**MINISTRY OF BLUE ECONOMY AND CIVIL AVIATION**  
PRINCESS MARGARET DRIVE \* P.O. BOX 148 \* BELIZE CITY, BELIZE C.A.  
PHONE: (501) 224-4552/223-2187 \* FAX: (501) 223-2986  
Email: Fisheries\_department@fisheries.gov.bz



**Fisher Folk New Entrant License Application Form**

First Name:		Middle Name:		Surname:	
Nationality		Date of birth (day/month/year)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Proof of Residency		Type and Number of I.D.		Phone number Home: Cell:	
Address		Community		District	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/>				No. of Children	
Contact in case of Emergency: Name: Relationship: Contact Number: Address:					
Fisherman Role: Boat Owner <input type="checkbox"/> Captain <input type="checkbox"/> Crew member <input type="checkbox"/> Cook <input type="checkbox"/> Boat Owner/Captain <input type="checkbox"/>					
Education: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> College University <input type="checkbox"/>					
Working Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Cooperative Affiliation: National <input type="checkbox"/> Northern <input type="checkbox"/> Placencia <input type="checkbox"/> Rio Grande <input type="checkbox"/> Other _____			
**Area of Fishing: Area 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 4 <input type="checkbox"/> Area 5 <input type="checkbox"/> Area 6 <input type="checkbox"/> Area 7 <input type="checkbox"/> Area 8 <input type="checkbox"/> Area 9 <input type="checkbox"/> Inland <input type="checkbox"/>					
Name of captain you plan to fish with _____ Name of vessel you plan to fish in _____ Comments: Species To Be Targeted: Lobster <input type="checkbox"/> Conch <input type="checkbox"/> Shrimp <input type="checkbox"/> Shark <input type="checkbox"/> Crab <input type="checkbox"/> Fresh Water Fish <input type="checkbox"/> Marine Fin Fish <input type="checkbox"/> Ornamental Fish <input type="checkbox"/> sea Cucumber <input type="checkbox"/> Other: _____					
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  [ ] I have not previously held or applied for a Belize Fisher Folk License;					
		 Signature (within but not touching edges of box)		Date: ____/____/____ (day /month/year)	
Licensing Clerk: _____		FOR OFFICIAL USE ONLY License No.: _____		Date: ____/____/____ (day /month/year)	
RCR No: _____		Amount: _____			
Form filled out by: _____					

\*\*\* A maximum of 2 Areas should be selected

# Fishing Areas

