



# **BELIZE FISHERIES DEPARTMENT** **MINISTRY OF BLUE ECONOMY AND MARINE CONSERVATION**

PRINCESS MARGARET DRIVE, BELIZE CITY, BELIZE C.A.

P.O. BOX 148

PHONE (+501) 224-4552



[fisheries\\_department@fisheries.gov.bz](mailto:fisheries_department@fisheries.gov.bz)



[www.fisheries.gov.bz](http://www.fisheries.gov.bz)



## **Application for a Sample Export Permit**

Research / Project Title:	
Research Permit Number:	
Name of Principal Researcher(s):	
Mailing address of Principal Researcher(s):	
Contact/Telephone number:	
Email address(es):	
Proposed Export Date:	
Name of person transporting the sample(s):	
Local and Scientific name of animal(s) or plant(s):	
Is the sample a:	<input type="checkbox"/> Live specimen      or <input type="checkbox"/> Preserved specimen
Description of sample(s):	
Number of units to be exported:	
Name of foreign institution receiving the sample(s):	
Name of person receiving the sample(s) at the foreign institution:	
Address of foreign institution receiving the sample(s):	
Signature of Principal Researcher(s) or authorized person:	
Date of signature:	

*The Mission of the Department is to provide the country and the people of Belize with the best possible management of aquatic and fisheries resources, with a view to optimize the present and future benefits through efficient and sustainable management*

CITES CERTIFICATE APPLICATION		
Sender's information (local)	Name:	
	Address:	
Receiver's information (foreign)	Name:	
	Address:	
CITES Specimen Scientific Name / Common Name:		Description (pounds, kilograms, pieces, etc.)
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>