



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.
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Cook License RENEWAL Application Form

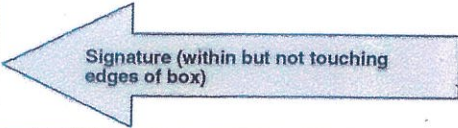
First Name: _____	Middle Name: _____	Surname: _____
Type and no. of I.D.: _____	Phone number: _____	
Address: Street Name and No. _____	Community/ Village: _____	District: _____

Contact in case of Emergency:

Name: _____ Relation to you: _____
 Contact Number: _____ Address: _____

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 Cook 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)
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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: _____