



BELIZE FISHERIES DEPARTMENT
MINISTRY OF THE BLUE ECONOMY AND CIVIL AVIATION
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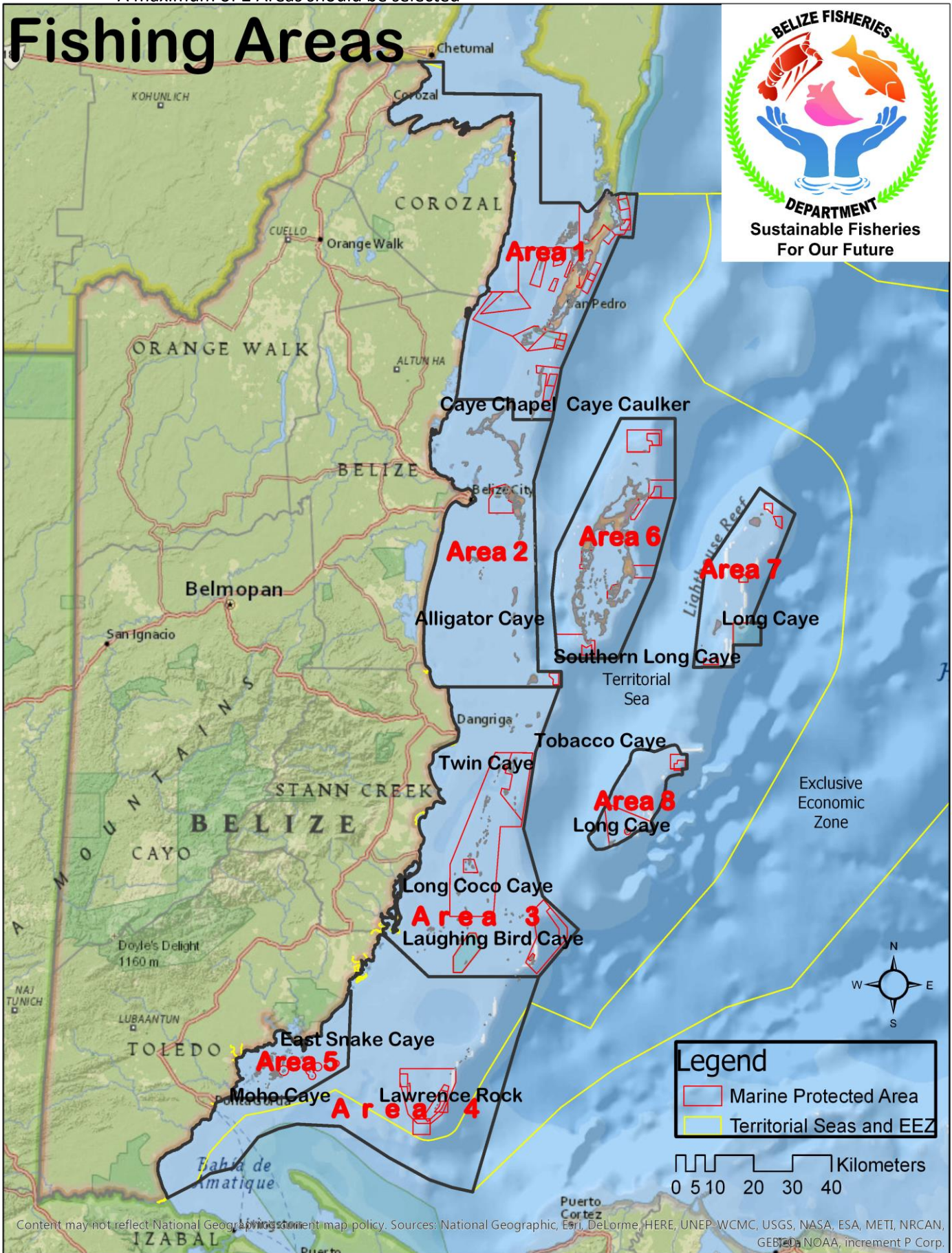


New Entrant Cook License Application Form

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: _____					
Role: Cook <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"/>					
**Area: 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 cook with _____ Name of vessel you plan to cook in _____ Comments:					
I, the undersigned, hereby apply for the issue of a Cook 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 Cook License;					
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				Date: ____/____/____ (day /month/year)	
Licensing Clerk: _____		FOR OFFICIAL USE ONLY		Date: ____/____/____ (day /month/year)	
RCR No: _____		Amount: _____			
Form filled out by: _____					

*** A maximum of 2 Areas should be selected

Fishing Areas



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