

FOR OFFICE USE

Permit number:

APPLICATION FOR COMMERCIAL SHELLFISH PERMIT
(in accordance with Byelaw 4 'Crustacea & Molluscs Permitting and Pot Limitation')

APPLICATION for a Commercial Shellfish Permit for the year 2025 to fish for shellfish in the permitted area of sea within the limits of the Northumberland Inshore Fisheries and Conservation Authority district. I understand that there is a payment of £180 for this annual permit which will be valid until 31st December of the year specified.

Please complete this form in full in BLOCK CAPITALS**PART 1: CONTACT DETAILS:**

This application form is a: Permit Renewal for Permit No: New Permit Application

Owner's full name	
Date of Birth	
Address and postcode	
Landline number	
* Mobile number	
Email address	

*Please provide **AT LEAST ONE** contact telephone number.

PART 2: PERMIT RETURNS:

Would you like to receive a monthly reminder about your permit return?		
This will include a link to the permit return page which can be completed on a smart-phone/tablet <i>(delete as applicable)</i> .		
Email	Yes or No?	Email address (if different to above):
Text	Yes or No?	Mobile No. (if different to above):

A commercial shellfish permit return for this permit must be submitted to the Authority by the last day of every calendar month. Failure to submit these returns may lead to further action being taken by the Authority. Please contact the office if you have any queries.

PART 3: VESSEL DETAILS:

Name of vessel		PLN	
Fishing Licence Category		Is this a registered vessel?	
Overall length		KW of Engine	
Home port		MMO Licence No.	

PART 4: PAYMENT DETAILS:

Preferred Method of payment: (£180 to be paid in full by card or cheque only) Payment Card Cheque *(enclosed with form)*

FOR OFFICE USE: Date payment Received: _____ Method: _____ Authorised: _____

PART 5: DECLARATION:

I HEREBY DECLARE that I will comply with the conditions subject to which a permit is issued to me.

*I understand and agree that Northumberland Inshore Fisheries and Conservation Authority will hold and use the information contained in this application, and any additional information which I may provide in the future, in accordance with the Data Protection Act 1998/General Data Protection Regulation 2016 and for the purposes of administering the Shellfish Permit and complying with any legal requirements. I understand and agree that the Authority may contact me in relation to my permit and matters which could affect my permit (for example permit returns, byelaw amendments, consultations etc.)**

Signed		Date	
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TO SIGN ON RECEIPT OF TAGS ONLY (ONLY if issued this year)

I confirm having received _____ tags for permit number _____ and acknowledge that it is my responsibility to keep a record of the tags and to report the number of any tags which are lost to the NIFCA office as soon as possible.

Signed _____ Date _____

*For more information about how we store and process your data, please visit: www.nifca.gov.uk/permits/ where you will find the Authority Privacy Notice. Any changes to the above information should be notified to the Chief Executive immediately. This application form should be completed and returned to: NIFCA, 8 Ennerdale Road, Blyth, Northumberland, NE24 4RT.

CHECKLIST FOR OFFICE USE:

Paid Returns Info Permit Log Permit Card Receipt Certificate/Letter Signatures