

# 2026

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



I HEREBY MAKE AN APPLICATION for up to 5 numbered pot tags for the year of 2026 for the area of sea within the limits of the Northumberland Inshore Fisheries and Conservation Authority district. I understand that there is a payment of £10 for this annual permit which will be valid until 31<sup>st</sup> December of the specified year.

### Please complete this form in BLOCK CAPITALS

#### PART 1: CONTACT DETAILS

|                     |  |
|---------------------|--|
| Applicant Full Name |  |
| DOB*                |  |
| Address             |  |
| Postcode            |  |
| Telephone number    |  |
| Email Address       |  |

\* Applicant must be over the age of 16 years

#### PART 2: FISHING DETAILS

|   |  |
|---|--|
| Are the pots fished from a vessel?                      |  |
| If Yes, where is the vessel kept (port name)            |  |
| Vessel name   |  |
| If no, which area(s) of shore are the pots fished from? |  |
| Do you require escape gaps? If yes, how many?           |  |

#### PART 3: PAYMENT DETAILS

**FOR OFFICE USE:** Date payment received: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Authorised: \_\_\_\_\_

#### PART 4: DECLARATION

##### **DECLARATION (to be signed by applicant):**

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 byelaw amendments, consultations etc.)\*

Signed:

Date:

##### **FOR OFFICE USE**

TO BE SIGNED ON RECEIPT OF TAGS AND ESCAPE GAPS:

I confirm having received \_\_\_ tags numbered \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_ escape gaps.

I acknowledge that I must affix tags and escape gaps in accordance with recreational permit conditions set out in NIFCA Byelaw 4, to keep a record of the tags I have received and to accurately report to the NIFCA office **the numbers of any tags which are lost** as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*For more information about how we store and process your data, please visit: [www.nifca.gov.uk/permits/](http://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.