

FORM 9

KINGDOM OF TONGA



THE FISHERIES MANAGEMENT ACT 2002

**APPLICATION FOR A COMMERCIAL SPORT
FISHING VESSEL LICENCE**

(Fisheries (Local fishing) Regulations 2009 - Regulation 13)

INSTRUCTIONS: Underline surname or family name
Address means complete mailing address
Clearly mark the boxes **X** where appropriate
Attach a separate sheet where necessary

A. DETAILS OF VESSEL

Name of Vessel:

Make and type of vessel:

Certificate of registration number: Date issued

Drop line (deep bottom fishing): Number of reels

Trolling: Number of rods/lines:

Number of crew:

Number of fishermen:

Other fishing method (attach details on a separate sheet, with a sketch of the gear to be employed).

C. DETAILS OF APPLICANT

Name of applicant (*if owner is a registered company, give name and address and company registered number*):

Address

Fax

Telephone

Name of charterer (*if applicable*)

Address

Fax

Telephone

Name of skipper:

Address

Fax

Telephone

D. DECLARATION BY APPLICANT

I hereby declare that the information supplied is true, complete and correct. I understand that I am required to report immediately to the Secretary any changes to the information given on this form and further understand that failure to do so may render me liable to prosecution.

**Signature of applicant(s) or authorised
company representative**

Date