



FISHERIES DIVISION  
Princess Alice Highway, Bridgetown  
Tel: 535-5800, Fax: 436-9068  
Email: Fisheries.Division@Barbados.gov.bb

Official Use
File No.
Fisher No.

### APPLICATION FOR REGISTRATION OF A FISHERIES WORKER

PLEASE FOLLOW THESE INSTRUCTIONS:

- Use **BLOCK LETTERS**, except for signature.
- Submit Barbados ID card, National Insurance Card and Passport when registering.
- Non national must provide a valid work permit related to the role(s) in the fishing industry.
- Fill out all sections and submit all required documents that relate to your role(s) in the fishing industry.
- (H)-Home, (C)-Cellular, (W)-Work

<b>CONTACT INFORMATION</b>
Applicant Name: _____ Last Name Middle Name(s) First Name
Address: _____
Email Address: _____
Fisher Folk Chat: _____ Nicknames: _____
Tel: (H): _____ (C1): _____ (C2): _____ (W): _____

<b>PERSONAL DETAILS</b>			
Barbados ID No#: _____	Sex: <input type="checkbox"/> -Male <input type="checkbox"/> -Female	Training Institutions: <input type="checkbox"/> -Elementary / Primary <input type="checkbox"/> -Secondary <input type="checkbox"/> -Polytechnic <input type="checkbox"/> -College <input type="checkbox"/> -University	Qualifications: <input type="checkbox"/> -O' Level <input type="checkbox"/> -A' Level <input type="checkbox"/> -GCE <input type="checkbox"/> -City & Guilds <input type="checkbox"/> -Diploma <input type="checkbox"/> -Associate Degree <input type="checkbox"/> -Degree <input type="checkbox"/> -None
TAMIS No#: _____			
National Insurance No#: _____	No# Dependents: _____		
Date of Birth: _____ Year Month Day			
Country of Birth: _____			
Nationality: _____			

<b>PASSPORT INFORMATION</b>
Passport No#: _____
Passport Origin: _____ Date Issued: _____
Place Issued: _____ Date Expires: _____

<b>EMERGENCY CONTACT</b>
Name: _____
Address: _____
Relation: _____ Tel: (H): _____ (C1): _____ (C2): _____

**FISHERIES RELATED ACTIVITY DETAILS**

Fisher Organisation: \_\_\_\_\_ Any Other Occupation: \_\_\_\_\_

How long have you been involved in fishing industry: \_\_\_\_\_ Proportion of time: -Full Time -Part Time

Reasons for working in the fishing industry: \_\_\_\_\_

Do you have relatives that work in the industry: -Yes -No No# of relatives: \_\_\_\_\_

State relationship: \_\_\_\_\_ Transportation: -Truck -Van -Car -Bicycle -None

**Role(s) in Industry:**

- \_\_\_ BOAT OWNER
- \_\_\_ BOAT AGENT
- \_\_\_ CAPTAIN
- \_\_\_ FISHERMAN
- \_\_\_ FISHERWOMAN

- \_\_\_ AQUACULTURIST
- \_\_\_ PROCESSOR
- \_\_\_ BONER
- \_\_\_ SKINNER
- \_\_\_ VENDOR
- \_\_\_ HAWKER
- \_\_\_ WHOLESALER

- \_\_\_ ELECTRICIAN
- \_\_\_ MECHANIC
- \_\_\_ TECHNICIAN
- \_\_\_ WELDER
- \_\_\_ BOAT PAINTER
- \_\_\_ BOAT BUILDER
- \_\_\_ SHIPWRIGHT
- \_\_\_ SURVEYOR

Year Started	Vessel(s) Applicant is Working On or Associated With:				
	Reg. No.	Type of Vessel	Mooring Site	Landing Site	Role on Vessel

**Company name:** \_\_\_\_\_

**Operating Site(s):** -Home -Market

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Related courses done:**

-Basic Seaman's

-Fish Handling & Sanitation

-Navigation Training

-Business Management

Other: \_\_\_\_\_

**Species:** -None -Caught -Farmed -Processed -Retailed

<u>Offshore Pelagics</u>	<u>Coastal Pelagics</u>	<u>Demersal</u>	<u>Non Fin-Fish</u>
<input type="checkbox"/> SWORDFISH	<input type="checkbox"/> BAIT FISH	<input type="checkbox"/> SNAPPER	<input type="checkbox"/> CONCH
<input type="checkbox"/> KINGFISH	<input type="checkbox"/> CAVALLY	<input type="checkbox"/> POT FISH	<input type="checkbox"/> SEA EGGS
<input type="checkbox"/> BILLFISH	<input type="checkbox"/> JACKS	<input type="checkbox"/> NINGNINGS	<input type="checkbox"/> LOBSTER
<input type="checkbox"/> TUNA	<input type="checkbox"/> BLOWGOAT	<input type="checkbox"/> TILAPIA	<input type="checkbox"/> SEA CAT
<input type="checkbox"/> SHARK	<input type="checkbox"/> BARRACUDA	<input type="checkbox"/> ORNAMENTAL	<input type="checkbox"/> SEA MOSS
<input type="checkbox"/> DOLPHIN	<input type="checkbox"/> BONITA		
<input type="checkbox"/> FLYING FISH			
Other: _____			

**Harvesting Gear Used / -None**

<input type="checkbox"/> GILL-NETS	<input type="checkbox"/> HAND LINES
<input type="checkbox"/> SEINE NETS	<input type="checkbox"/> TROLLING LINES
<input type="checkbox"/> CAST NETS	<input type="checkbox"/> LONG-LINES
<input type="checkbox"/> DIP NETS	<input type="checkbox"/> BRIM LINES
<input type="checkbox"/> TRAPS	<input type="checkbox"/> PILLAR STICK
<input type="checkbox"/> POTS	<input type="checkbox"/> ROD & REEL
<input type="checkbox"/> SPEAR GUN	
Other: _____	

**I declare that the information provided is true and correct.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_  
Year Month Day

OFFICIAL USE				
Comments:	Reissue Reason	Date	Officer	Updated
Received by: _____ Date _____				
Comments: _____				
Application for Registration: Approved <input type="checkbox"/> Not approved <input type="checkbox"/>				
Chief Fisheries Officer: _____ Date _____				