Por Office USE: Date received: Date approved:

Mussel Relaying Fishery 2024

Exemption Application Form



	Conservation Authority				
MUSSEL RELAYING FISHERY 2024 EXII I hereby make application to the Eastern Insexemption.	EMPTION hore Fisheries and Conservation Authority for the above				
If applicable, complete the form details for 'NOMINATED I	REPRESENTATIVE' and/or 'NOMINATED DEPUTY on pages 3 & 4.				
PART 1: APPLICANT DETAILS					
Full name:Address:					
	Postcode:				
Phone number: Landline:	Mobile:				
Email address:					
DART & MESSEL RETAILS					
PART 2: VESSEL DETAILS					
PLN: Defra/MMO fishing licence number (including o	category):				
Dona/Mino horning hooned harmoor (including t					
PART 3: DOCUMENTS					
All applicants must include copies of the follow	ving documents with their completed application form:				
Certificate of Registry	MO fishing licence				
PART 4: DECLARATION					
I AGREE to follow the conditions and restriction	ns laid out in my exemption.				
I UNDERSTAND that Eastern Inshore Fisheries and Conservation Authority (Eastern IFCA) will hold and use the information contained in this application in accordance with the Data Protection Act 2018, and the associated <u>privacy notice</u> . I understand that the Authority may contact me in relation to my exemption and matters which could affect it (for example returns, byelaw amendments, consultations, etc.).					
For more information about how Eastern IFCA store and process data please visit: www.eastern-ifca.gov.uk where you can read the Eastern IFCA Privacy Notice.					
Signed:	Date:				
FOR OFFICE USE: Certificate of Registry:	Defra/MMO fishing licence:				

FOR OFFICE USE: Date received: Date approved:

Mussel Relaying Fishery 2024

Exemption Application Form



MUSSEL RELAYING FISHERY 2024 EXEMPTION: NOMINATED REPRESENTATIVE

PART 1: NOMINA	ATED REPRESENTATIVE				
Full name:					
Address:					
		Postcode:			
Phone number:	Landline:	Mobile:			
Email address:					
PART 2: DECLA	RATION: EXEMPTION HOLDER				
exemption, from	I GIVE MY CONSENT for the Nominated Representative (above) to fish under the authority of my exemption, from the vessel named on page 1 of this application. I will ensure that this person is aware of and understands the wording and requirements of the exemption.				
		must make an application to Eastern Inshore Fisheries ange a Nominated Representative/Deputy.			
use the informati the associated <u>pr</u>	NDERSTAND that Eastern Inshore Fisheries and Conservation Authority (Eastern IFCA) will hold and the information contained in this application in accordance with the Data Protection Act 2018, and associated <u>privacy notice</u> . I understand that the Authority may contact me in relation to my exemption matters which could affect it (for example returns, byelaw amendments, consultations, etc.).				
	For more information about how Eastern IFCA store and process data please visit: www.eastern-ifca.gov.uk where you can read the Eastern IFCA Privacy Notice.				
	nod.gov.di. Wildio you daili odd tilo Edotoii ii Otti iivady Notico.				
Signed:		Date:			
PART 3: DECLA	RATION: REPRESENTATIVE				
I AGREE to follow	w the conditions and restrictions	laid out in my exemption.			
I UNDERSTAND that Eastern Inshore Fisheries and Conservation Authority (Eastern IFCA) will hold and use the information contained in this application in accordance with the Data Protection Act 2018, and the associated <u>privacy notice</u> . I understand that the Authority may contact me in relation to my exemption and matters which could affect it (for example returns, byelaw amendments, consultations, etc.).					
	nformation about how Eastern IFCA store and process data please visit: www.eastern-where you can read the Eastern IFCA Privacy Notice.				
ilca.gov.uk where					
<u>lica.gov.uk</u> where					
<u>lica.gov.uk</u> where					

FOR OFFICE USE: Date received: Date approved:

Mussel Relaying Fishery 2024

Exemption Application Form



MUSSEL RELAYING FISHERY 2024 EXEMPTION: NOMINATED DEPUTY

PART 1: NOMINA	ATED DEPUTY		
Full name: Address:			
		Postcode:	
Phone number:	Landline:	Mobile:	
Email address:			
PART 2: DECLAR	RATION: EXEMPTION HOLDER		
from the vessel runderstands the vessel runderstands the vessel runderstands the vessel runderstands and Conservation. I UNDERSTAND use the information the associated pri	SENT for the Nominated Deputy named on page 1 of this application and requirements of the that as the exemption holder I is Authority (Eastern IFCA) to cha that Eastern Inshore Fisheries a on contained in this application vacy notice. I understand that the could affect it (for example return	ation. I will ensure that this exemption. The provided HTML was a second of the provided HTML with the provided HTML was a second and contact me in accordance with the Data and Authority may contact me in	Eastern Inshore Fisheries tive/Deputy. astern IFCA) will hold and Protection Act 2018, and relation to my exemption
ifca.gov.uk where	ation about how Eastern IFCA you can read the Eastern IFCA	Privacy Notice.	ease visit: <u>www.eastern-</u>
PART 3: DECLAR	RATION: DEPUTY		
I UNDERSTAND use the information the associated pri and matters which	that Eastern Inshore Fisheries a on contained in this application vacy notice. I understand that the n could affect it (for example retu ation about how Eastern IFCA you can read the Eastern IFCA	nd Conservation Authority (Ean accordance with the Data e Authority may contact me in ns, byelaw amendments, cor store and process data pla	Protection Act 2018, and relation to my exemption nsultations, etc.).
Signed:		Date:	

Licence / Endorsement Required

Please indicate the licence / endorsements you require	
Hand-work	
Dredge mussel	