

KINGDOM OF TONGA



The Fisheries Management Act 2002

APPLICATION FOR REGISTRATION OF A LOCAL FISHING VESSEL
(Fisheries (Local Fishing) Regulations 1995 - Regulation 4(1))

EVERY LOCAL FISHING VESSEL MUST BE REGISTERED UNDER S.20 OF THE FISHERIES MANAGEMENT ACT 2002 UNLESS THE VESSEL IS USED SOLELY FOR SUBSISTENCE FISHING OR RECREATIONAL SPORT FISHING OR IS A NON-MOTORIZED CANOE.

Answer all the questions on this form either by filling in the spaces provided or checking the appropriate answer.

DETAILS OF VESSEL

Name of vessel:	<input type="text"/>				
Make and type of vessel:	<input type="text"/>				
Port of registry	<input type="text"/>	Shipping registry number:	<input type="text"/>		
Size of vessel:	<input type="text"/>	GRT	<input type="text"/>	LOA	Radio call sign (if any) <input type="text"/>
Hull material:	Wood	<input type="checkbox"/>	Where built:	<input type="text"/>	
	GRP	<input type="checkbox"/>	Year built:	<input type="text"/>	
	Steel	<input type="checkbox"/>	Radio (HF/VHF/SSB/No)	<input type="text"/>	
	Other	<input type="checkbox"/>	Radar (Yes/No)	<input type="text"/>	
Engine	Inboard:	<input type="text"/>	HP	<input type="text"/>	Type and make <input type="text"/>
	Outboard:	<input type="text"/>	HP	<input type="text"/>	Make <input type="text"/>

DETAILS OF FISHING CAPACITY*Complete as appropriate*

(a) Drop line (deep bottom fishing)	<input type="checkbox"/>	number of reels:	<input type="checkbox"/>
(b) Trolling	<input type="checkbox"/>	number of lines:	<input type="checkbox"/>
(c) Long-lining	<input type="checkbox"/>		
(d) Gillnetting	<input type="checkbox"/>		
(e) Other fishing methods (specify)	<input type="checkbox"/>	Sea weeds processing	

For (c), (d) and (e) attach details on a separate sheet, with a sketch of the gear to be employed.

Does the vessel have fish storage capacity below decks? Yes No

If yes:

Chilled capacity kg Blast freezer capacity kg
 Freezer holds capacity kg Ice machine production kg

If no:

How much fish can be carried on deck in insulated boxes? kg

DETAILS OF OWNERSHIP

Name of owner (if owner is a registered company, give name and address and registered number):
Address:
Fax:
Telephone:

Name of charterer (if applicable):
Address:
Fax:
Telephone:

Name of master:

DECLARATION BY APPLICANT

1. I hereby apply to register the vessel described above as a local fishing vessel. I declare that the above information is true, complete and correct. I understand I am required to report immediately to the Secretary for Fisheries any changes to the information given on this form and further understand that failure to do so may render me liable to prosecution.

2. I declare that the vessel described above is wholly owned by (mark 'x' beside a, b, or c):

a.	<input type="checkbox"/>	the Government of Tonga or by any statutory body established under any law of Tonga;
b.	<input type="checkbox"/>	a company, society or other association of persons incorporated or established under the laws of Tonga;
c.	<input type="checkbox"/>	one or more natural persons who are Tongan subjects or permanent residents of Tonga.

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Applicant

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Date

This application is to be forwarded to the Secretary for Fisheries, Department of Fisheries at the address shown below and is to be accompanied by the prescribed fee.

The Secretary for Fisheries Department of Fisheries P.O. Box 871 Nuku'alofa Kingdom of Tonga		Telephone: (676) 21399 Telex: 66369 PRIMO TS Fax: (676) 23891
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