

APPLICATION FOR CATEGORY CHANGE

To be completed by an applicant requesting to be categorized as a full time fish harvester.

Family Name

Given Name

Middle Initial

Address (include Civic No.)

Province

Postal Code

Telephone

F. I. N.

PART 1 – Fishing Experience

To qualify to be categorized as a full time fish harvester, you must demonstrate that you fished for at least two of the most recent five years in a vessel-based fishery. The time required (per year) to qualify for each county differs and is as follows:

- four (4) months in Victoria (to Cape North), Cape Breton, Richmond, Guysborough and Halifax (East of Pennant Point) counties, NS;
- six (6) months in Halifax (West of Pennant Point), Lunenburg and Queens counties, NS;
- eight (8) months in Shelburne and Yarmouth counties, NS;
- six (6) months in Digby and Annapolis counties, NS to Parkers Cove, NS;
- four (4) months East of Parkers Cove, NS to Saint John, NB;
- six (6) months West of Saint John to the NB/USA border.

Please complete the following information about your fishing activities for a minimum of two (2) years up to the past five (5) year period preceding the date of this application for category change. If you also participated in gear preparation and would like this to be taken into consideration, please specify this activity in the fishery column.

The Captain or owner MUST sign the signature block.

Fishery	Vessel Name	VRN Number	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Name of owner/Captain (please print)	Signature of owner/Captain

PART 2 – Transport Canada Requirements

In addition to the required fishing experience, you must meet the Transport Canada requirements to operate the size of vessel which is authorized to participate in the fishery. Please provide copies of valid Transport Canada certificates to demonstrate you meet these requirements.

PART 3 - Declaration

I do solemnly declare that the information given on this application is true and correct and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant

Date

FOR DEPARTMENTAL USE ONLY	
_____ Approved	_____ Denied
Signature: _____	Date: _____

Submit your completed application through your National Online Licensing Services (NOLS) account or by fax at 902-426-5010.