



Fish Harvesters

Registration and Certification Board
of Nova Scotia

REGISTRATION APPLICATION

Mail to: FHRCBNS, 38B John Street, Yarmouth, NS B5A 3H2
902-742-6167

Please print clearly

Name:		Date of Birth:
Fishing Identification Number (FIN #):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		
City/Town:	Province:	Postal Code:
Telephone #:	Cell #:	
Email Address:		
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		
Home Port:		
Preferred method of communication: <input type="checkbox"/> mail <input type="checkbox"/> email <input type="checkbox"/> text		

Declaration of Consent

In order for the Fish Harvesters Registration and Certification Board of Nova Scotia (FHRCBNS) to process your Registration and determine your Certification level, it is necessary for the FHRCBNS to obtain information from Fisheries and Oceans Canada. The Declaration of consent must be completed in order to process your file.

I, _____, hereby authorize Fisheries and Oceans Canada to release any information required to process my Registration and determine my Certification Level to the Fish Harvester Registration and Certification Board of Nova Scotia. This information can be released to the FHRCBNS in future years as long as I am registered with the Board. In signing this consent, I authorize the release of DFO's Personal Fisher Registration information and confirmation of license holder information. This information is to be used by the FHRCBNS solely for the purposes of the registration and certification program. I also authorize the FHRCBNS to release information on my Registration status under the registration and certification program to Fisheries and Oceans Canada.

In signing this Declaration of Consent, I understand that all information which is transferred to the Fish Harvesters Registration and Certification Board of Nova Scotia will continue to be regarded as confidential. While the Board may make every effort in compliance with the law, to ensure that personal information provided as part of the registration process is not released outside the Board, the Board is subject to FOIPOP and may as a result be required to disclose certain details in particular situations. This information is to be used solely for the purposes of determining my status under the registration and certification program.

I declare that the information provided is true and accurate to the best of my knowledge.

Signature of Applicant:	Date:
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Please ensure all sections of this application form are completed and signed. The completed application must be returned with a cheque or money order in the amount of \$50.00 payable to the Fish Harvesters Registration and Certification Board of Nova Scotia (FHRCBNS) or complete the credit card section below or send via e-transfer to pay@nsfishharvesters.ca.

Credit Card Information

Card Number:	CVV code:	Expiry Date:
Card holder's Signature:		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard

Office Use Only

<input type="checkbox"/> Paid	Receipt #:	Date:
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> E-transfer		
Received by:		Date:
Registration Number Issued:		<input type="checkbox"/> Registration Card Issued