

Fishing Licences

Thank you for choosing Sail Caribbean Divers as your fishing supplier for your upcoming trip to the British Virgin Islands.

Please fill out the following two forms for your fishing licence application.

Booking Name:			
Charter Company:			
Booking Reference/Contract Number:			
Boat Name (if known):			
	lf you don't know	/ boat name please als	o leave blank on form 20(a)
Number of licence applications:	(	2) \$65.00 each	Total \$
Credit Card Information: Credit Card Number:	VISA	Master Card	(please circle) exp /
			evb/

I authorise Sail Caribbean Divers to charge the card above for the amount indicated above in the total box.

Signature:	
Date:	

To complete this application email the following to kit@sailcaribbeandivers.com

- This page
- 1 x Form 20(a) per licence application
- A colour scan/photo of the passport photo page of each applicant

If you are unable to scan the completed documents and email them back to us, you can alternatively fax them to (284) 495-3244.

If you are faxing the forms back to us, please **do not** fax the copy of the passport page, as it will be rejected by the government. Please email a photo of it instead.



## MINISTRY OF NATURAL RESOURCES AND LABOUR CONSERVATION & FISHERIES DEPARTMENT BRITISH VIRGIN ISLANDS

FORM 20(a)

[Regulation 55 (1)]

## **APPLICATION FOR PLEASURE FISHING LICENCE**

**INSTRUCTIONS:** Please underline surnames. For "address" provide complete address and physical address, if different.

<b>TO:</b> CHIEF CONSERVATION AND FIS P.O. Box 3323, Road Town, Tortola, Brit Name of Applicant:	
Type of passport (ordinary, diplomatic, e	etc):
Passport Number:	
Nationality:	
Postal and physical address, phone nur	mbers, and e-mail address:
Name of Vessel:	
Description of Vessel:	
Registration number of Vessel:	N/A
Port of registration:	Road Town, Tortola, British Virgin Islands
Date of arrival into territory:	
Date expected departure:	
Type and description of gear to be used	I in fishing: Spinning, Fly and/or Trolling Rods
Period for which fishing licence is requi	red:
Signature of applicant:	
Name and designation of applicant:	
Date:	