APPLICATION FORM FOR COMMERCIAL MARINE FISHERIES ALLOCATION

Fishery Applied For:							
Turbot:	0 B		OA				
Shrimp:	NSA		SFA 1		SFA	2	
Other: Species:				Location:			
Note –	A sepai	rate applicat	tion form	must be d	comple	ted for each fishery.	
Name of Applicant:				Address:			
E-mail Addre	ess:						
Phone #:				Fax #:			
Is the business Inuit-owned?				If not 100% Inuit owned, are non-Inuit			
Yes, 100%				partners Nunavut residents?			
No indicate % Inuit ownership				Yes No			
In what com	munity/c	ommunities i	is the busi	iness basea	<i>l?</i>		
						Tonnes, MT). Indicate the icence holder.	
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Year A	llocatio	n (MI)	Harv	ested (M I	1)	Transferred (MT)	
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					_		
					_		
					_		
Allocation red	quested t	his year (MT	·):				