



**NEWFOUNDLAND AND LABRADOR
RECREATIONAL GROUND FISH FISHERY – 2010**

Application for Disabled Designation for the Recreational Groundfish Fishery in Newfoundland and Labrador

Part 1 (To be completed by applicant – please print clearly)

Name: _____

Address: _____

Telephone Number: (____) _____ Date of Birth: _____

Period designation requested for: _____ to _____

Signature of applicant

Date

Part 2 (To be completed by the designate – please print clearly)

Name of person to be designated: _____

Address: _____

Telephone Number: (____) _____ Date of Birth: _____

I _____ understand the conditions under which I may be designated to fish five groundfish per day during the period of _____ to _____, and promise to abide by the terms of the fishery.

Signature of person to be designated

Date

Designations will only be issued when the disability is a “permanent” condition.

Part 3 (To be completed by a medical doctor for permanent physical impairments, or optometrist for permanent visual impairment. Completion of Part 3 may be replaced by a separate document/letter from a medical doctor for permanent physical impairments, or optometrist for permanent visual impairment, making the same certification.)

I have examined the applicant and hereby certify that the applicant (Indicate with X):

_____ has a permanent physical impairment of the lower limbs which severely restricts mobility to the effect that he/she is unable to walk more than 50 metres without the use of a cane or other assistive devices, and is unable to enter a vessel and participate in the recreational groundfish fishery.

or



_____ has permanent loss of the use of their upper limbs (hands/arms) which renders them unable to participate in the recreational groundfish fishery.

or

_____ who even with the best possible correction sees less at 20 feet than a person with normal vision can at 200 feet (20/200), or if the greatest diameter of the field of vision in both eyes is less than 20 degrees.

Name of Doctor (please print)

(____)_____
Office Telephone Number

Signature of Doctor

Date

Part 4
DFO USE ONLY

This designation is approved subject to the following:

1. This authorization applies to the period specified below and must be renewed for each subsequent fishing period.
2. When fishing under this authorization all other management measures of the Recreational Groundfish Fishery will apply.
3. The named designate is authorized to take, in addition to his/her daily quota of groundfish, the daily quota of the disabled person identified above. The daily vessel quota of 15 groundfish will apply, and the designation will count as a participant in the vessel for the purpose of calculating the boat limit.
4. A designate can only be designated to fish for one disabled person for the specified period.
5. This authorization should be carried on board the vessel and produced for inspection when requested by a Fishery Officer.

Designation valid from: _____ to _____

Authorized by _____ Title _____

Signature of Authorized DFO Representative

Date