



**NEWFOUNDLAND AND LABRADOR  
RECREATIONAL GROUND FISH FISHERY**

**2017 Application for Disabled Designation (Instructions)**

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Print and complete the **4 page application form** and return to your nearest DFO licencing centre office.

**You are encouraged to return the completed form via facsimile** to one of the offices below. The designation document will be mailed to you via Canada Post within 10 business days. You may also drop off the form at one of these offices however, there is no guarantee of immediate processing.

|                        |          |               |          |
|------------------------|----------|---------------|----------|
| Happy Valley-Goose Bay | 896-8419 | Rocky Harbour | 458-3096 |
| Port aux Choix         | 861-3658 | Stephenville  | 643-8003 |
| Corner Brook           | 637-4476 | St. Anthony   | 454-2574 |
| Springdale             | 673-5258 | Twillingate   | 884-5699 |
| Grand Falls-Windsor    | 292-5205 | Marystown     | 279-7860 |
| Clarenville            | 466-3726 | Bay Roberts   | 786-0264 |
| Placentia              | 227-5918 | St. John's*   | 772-2659 |

**\*NOTE: In-person service is not available at the St. John's location. Clients can either go to another DFO office or FAX the form to the St. John's office.**



**Part 1:** Information pertaining to the applicant – please print clearly.

**Part 2:** Information pertaining to the designate and declaration – please print clearly.

**Part 3: Designations will only be issued when the disability is a “permanent” condition.**

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 original document/letter from a Medical Doctor for permanent physical impairments, or an Optometrist for permanent visual impairment, making the same certification.

*\*Note: Applicants who have an approved **Part 3** disabled designation on record with DFO are not required to complete **Part 3** in 2017.*

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***Conditions: A disabled designation for the Newfoundland and Labrador Recreational Groundfish Fishery - 2017 is subject to the following conditions:***

1. The designation applies to the period specified and must be renewed for each subsequent fishing period.
2. When fishing under the designation, all other management measures of the Recreational Groundfish Fishery will apply.
3. The designate is authorized to harvest, in addition to his/her daily bag limit of groundfish, the daily bag limit of the disabled person identified. The vessel limit of 15 groundfish will apply, and the fish harvested under the designation will be included for the purpose of calculating the boat limit.
4. A person designated shall only be designated to fish for one disabled person for the specified period.
5. The designation must be carried on board the vessel and produced for inspection when requested by a Fishery Officer.

**Review and understand the conditions prior to signing the application form.**



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2017 Application for Disabled Designation

Part 1: Applicant Information ((please print clearly))

Name:
Mailing Address:
Telephone Number: ( )
Date of Birth:
Period designation requested for: to

Signature of applicant Date

Part 2: Designate Information (please print clearly)

Name of person to be designated:
Mailing Address:
Telephone Number: ( ) Date of Birth:
I understand the conditions under which I may be designated to fish five groundfish per day for the applicant named above during the period of to, and promise to abide by the terms of the fishery.

Signature of person to be designated Date

Part 3: Designations will only be issued when the disability is a "permanent" condition.

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



## PRIVACY NOTICE STATEMENT

The information you provide on this form is collected under the authority of the Fisheries Act for the purpose of issuing a Disabled Designation for the Recreational Groundfish fishery. The information may be used for enforcement and disclosed to DFO Conservation and Enforcement. Failure to provide this personal information may result in your request being denied. You have the right to the correction of, access to, and protection of, your personal information under the Privacy Act and to file a complaint with the Privacy Commissioner of Canada over DFO's handling of your information. Personal information collected through the processing of your application is described in the DFO National Recreational Fishing Personal Information Banks and can be accessed and assessed for accuracy. For more information visit Info Source [www.infosource.gc.ca](http://www.infosource.gc.ca).

Applicant initials \_\_\_\_\_