



NEWFOUNDLAND AND LABRADOR
RECREATIONAL GROUND FISH FISHERY
Application for a Disability Designation (Instructions)

Complete the application form and return via Email.

NOTE: approved designation document will be returned to you via email; therefore you MUST provide a return email address with this application. Not providing an email address may result in delays to processing your application.

Please allow 10 business days for your application to be processed.

1. Email : NL-TN.Licensing@dfo-mpo.gc.ca

Part 1 : Applicant information (person with a disability)

- If you received a Disability Designation in 2022 providing your DDIN # will expedite processing of your application (but is not mandatory).
- If your contact information (address & phone #) has not changed from 2022, you do not need to provide.
- If you did not apply for a Disability Designation in 2022, your full address is required.

Part 2 : Designate Information and declaration

- If your contact information (address & phone #) has not changed from 2022, you do not need to provide.
- Providing the DFIN # for the designate will expedite processing of your application (but is not mandatory)
- If you did not apply for a Disability Designation in 2022, your full address is required.
- A person may only be designated to fish for one applicant for the specified period.

The Department recommends that if approved, you retain your DDIN# and the Designates DFIN# for expedited processing in future years.

Part 3 : Privacy Notice Statement

Part 4 : Medical confirmation

Designations will only be issued when the disability is a permanent condition (See section 4).

*Note: Applicants who have an approved **Part 4** Disability Designation on record with DFO are not required to complete **Part 4**.

To be completed by a Medical Doctor for permanent physical impairments, or optometrist for permanent visual impairment. Completion of Part 4 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.



Application for Disability Designation

Part 1 : Applicant Information (person with a disability)

Full Name

Did you received a Disability Designation in 2022? Yes No

If Yes, provide your DDIN# (not mandatory)

E-mail Address (not mandatory)

Contact Info

Address

Telephone Number Date of Birth

Signature of applicant Date

Part 2 : Designate Information

Name of person to be designated

Email Address

Contact Info (complete only if changed from 2022)

Address

Telephone Number Date of Birth

Signature of person to be designated Date

Part 3 : Privacy Notice Statement

By signing the above, both the applicant and designate understand and agree that the information is being collected under the authority of the [Fisheries Act](#) for the purpose of issuing a Disability Designation for the Recreational Groundfish fishery as per Personal Information Bank [DFO PPU 415](#) (Nationally Regulated Recreational, Domestic, and Sport Fishing).

Part 4 : 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 Office Telephone Number

Signature of Doctor Date