



2026 NEWFOUNDLAND AND LABRADOR RECREATIONAL GROUND FISH FISHERY

Application for a Disability Designation (Instructions)

Complete the application form and return via Email to NL-TN.Licensing@dfo-mpo.gc.ca

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.

Part 1 : Applicant information (person with a disability)

- If you received a Disability Designation in 2025, or in previous years, providing your Disability Designation Identification Number (DDIN) # will expedite processing of your application.
- If you did not apply for a Disability Designation in 2025, or in previous years, your full address is required.

Part 2 : Designate Information and declaration

- Providing the Designated Fisher Identification Number (DFIN) # for the designate will expedite processing of your application.
- If you did not apply for a Disability Designation in 2025, or in previous years, your full address is required.
- Only one person can be designated to fish for one applicant at a time during the period specified on the Disability Designation letter.

Please retain your DDIN# and the Designate's DFIN# for expedited processing in future years.

Part 3 : Privacy Notice Statement

Part 4 : Medical confirmation

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

- Designations will only be issued when the disability is a permanent condition as defined in Part 4.
- To be completed by a Medical Doctor (or Nurse Practitioner) 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 (or Nurse Practitioner) for permanent physical impairments, or an Optometrist for permanent visual impairment, making the same certification.



2026 Application for Disability Designation

Part 1 : Applicant Information (person with a disability)	
Full Name:	Date of Birth (dd/mm/yyyy):
Have you received a previous Disability Designation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes' provide your Disability Designation Identification Number (DDIN): (not mandatory)	
Email Address (required):	
Applicant Signature (required):	Date:
Applicant Contact Information (complete if you are a new applicant or if contact details have changed):	
Address:	
Telephone Number:	
Part 2 : Designate Information (person to be designated)	
Full Name:	Date of Birth (dd/mm/yyyy):
Designate Fisher Identification Number (DFIN): (not mandatory)	
Email Address (required):	
Designate Signature (required):	Date:
Designate Contact Information (complete if you are a new designate or if contact details have changed):	
Address:	
Telephone Number:	
Part 3 : Privacy Notice Statement	
<p>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).</p>	
Part 4 : Medical Confirmation (to be completed by Medical Doctor)	
<p>Designations will only be issued when the disability is a “permanent” condition</p> <p>I have examined the applicant and hereby certify that the Applicant (indicate with X):</p> <p>_____ 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;</p> <p>_____ has permanent loss of the use of their upper limbs (hands/arms) which renders them unable to participate in the recreational groundfish fishery or;</p> <p>_____ 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.</p>	
Name of Doctor (please print):	Telephone Number:
Signature of Doctor:	Date: