



RECREATIONAL SPORT FISHING

APPLICATION FOR REGISTRATION OF A LOCALLY REGISTERED RECREATIONAL SPORT FISHING VESSEL

The application form should be sent to:

The Director, P.O Box 898 Grand Cayman KY1-1103, CAYMAN ISLANDS

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

Registration valid for three (3) years with an annual cl	earance processing fee of CI\$1	00.00					
Details of Vessel Owner								
Full Name								
Physical address								
District	P.O. Box and KY				Passport #			
Date of Birth	Country of Citizenship							
Email				Telephone/Cell				
Details of Vessel:								
Registered Name								
Year & Make			Model					
Туре				Length		Width		
Construction				Draft		Color		
Address where vessel is b	erthed or stored							
Marina Name				Canal Dock				
Inboard/Outboard			REG #					
Number of Engines	Number of Engines Engine Brand			Call Sign				
Navigation & Safety Equ	i <u>pment:</u>							
My Current Port Authority Certificate of Inspection is attached								
I understand and acknowledge that this vessel shall be subject to random physical inspections								
I attest that, to the best of my knowledge and belief, the above details are true and correct. I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of C.I. \$5000 and imprisonment for one year.								
	Signature of vessel owner			Date (DD/MM/YY)				
OFFICIAL USE ONLY:								
Signature of Approving office	r		Date					
	Unique Vessel ID #							