



KEITH SULLIVAN  
*President*

ROBERT KEENAN  
*Secretary-Treasurer*

**FFAW Lobster Gear Program  
APPLICATION FORM**

**Send complete application and claim forms to:**

**FFAW Lobster Gear Program  
368 Hamilton Ave.  
PO Box 10, Stn. C  
St. John's NL  
A1C 5H5**

Program/Client #: (Office Use Only)

Full Name, including middle name

FIN:

\_\_\_\_\_

\_\_\_\_\_

Enterprise Number:

Name of Corporation (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

Tel. No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax No: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

LFA: \_\_\_\_\_

Homeport: \_\_\_\_\_

Do you hold a core license? *Pursuant to AFF rules non-core are ineligible for funding.*

Yes: \_\_\_\_\_

No: \_\_\_\_\_

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Do you have any fees or fines outstanding with DFO? All fees and fines to DFO must be paid before a rebate under this program can be issued.

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**Forms that must be included with this application:**

Copy of lobster license  Disclosure form signed by harvester

Signed harvester application/declaration form  Copy of Receipt for Gear

**AFF-approved gear purchased:**

Check all that apply. If you have purchased more than 1 of a specific piece of gear, please note how many next to the check box:

Electric Lobster Pot Hauler

Automatic Banding Machine

Insulated Lobster Container

Pump and Tank and Holding Systems

Name of seller: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Address of seller: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Price of gear, minus GST: \$ \_\_\_\_\_

Name of contact at seller: \_\_\_\_\_

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**Acknowledgement of AFF restrictions on selling gear purchased with AFF funds**

I, \_\_\_\_\_, hereby acknowledge and understand that in accepting AFF funding to pay for gear purchased as part of the FFAW Lobster Gear Program, that I am prohibited from selling this gear, either as an individual piece of gear or as part of a larger purchase (e.g. vessel) for 36 months from the date of purchase.

I further acknowledge and understand that any violation of this prohibition will require that all AFF funding paid to me as part of this program will have to be paid back and that I may no longer be eligible to avail of AFF funding in the future.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*\* The Lobster Gear Program for FFAW members is funded through the Atlantic Fisheries Fund, with support from the federal and provincial governments.*

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**CONFIRMATION OF PURCHASE FORM**  
**FFAW Lobster Gear Program**

Name of Harvester: \_\_\_\_\_

FIN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Gear Purchased: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Seller: \_\_\_\_\_

Name of Salesperson: \_\_\_\_\_

Tel No: \_\_\_\_\_

In signing this form, the harvester agrees to allow the seller/salesperson to provide FFAW access to any and all information relating to the purchase of the above noted gear for which AFF funding is being sought. The information shall not be disclosed unless specifically requested to do so by FFAW. The harvester agrees that failure of the harvester and seller/salesperson to disclose this inform could result in the application of the rebate being denied.

\_\_\_\_\_  
Harvester Name, Print

\_\_\_\_\_  
Harvester Name, Signed

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## DECLARATION FORM

- I hereby authorize Fisheries and Oceans Canada (DFO) to release any relevant licensing information on my fishing enterprise to FFAW-Unifor and the Atlantic Fisheries Fund for the purpose of the delivery and administration of the *FFAW Lobster Gear Program*.
- I further authorize FFAW-Unifor and Atlantic Fisheries Fund to exchange all relevant information related to my participation in the *FFAW Lobster Gear Program* with DFO for the purpose of the administration, monitoring and evaluation of the *Lobster Gear Program*.
- It is also my understanding that my personal and business information will remain confidential and will be used by FFAW-Unifor, DFO and AFF solely for the purpose of the administration and delivery of the *Lobster Gear Program*.

Signature of Licence Holder: \_\_\_\_\_

Date: \_\_\_\_\_

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