

PO Box 10, Station C 368 Hamilton Avenue, 2nd Floor St. John's NL A1C 5H5 Tel: Fax: Web:

709.576.7276 709.576.1962 www.ffaw.nf.ca

DWAN STREET

President

JASON SPINGALE 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:
Email:	
LFA:	Homeport:
Do you hold a core license? Pursuant	to AFF rules non-core are ineligible for funding.
Yes:	No:

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 the	his application:	
Copy of lobster license	Disclosure form signed by harvester	
Signed harvester application/declara	ation form Copy of Receipt for Gear	
AFF-approved gear purchased:		
Check all that apply. If you have pur how many next to the check box:	chased more than 1 of a specific piece of gear, please note	
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:		

Acknowledgement of AFF restrictions	s on selling gear purchased with AFF funds	
funding to pay for gear purchased as pa	by acknowledge and understand that in accepting AFF art of the FFAW Lobster Gear Program, that I am prohibited dividual piece of gear or as part of a larger purchase (e.g. f purchase.	
I further acknowledge and understand that any violation of this prohibition will require that al 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.

CONFIRMATION OF PURCHASE FORM FFAW Lobster Gear Program

Name of Harvester:	FIN:
Address:	
Type of Gear Purchased: Seller:	
Name of Salesperson: Tel No:	
In signing this form, the harvester agrees to allow to any and all information relating to the purchase of is being sought. The information shall not be disclosefaw. The harvester agrees that failure of the har inform could result in the application of the rebate	of the above noted gear for which AFF funding osed unless specifically requested to do so by vester and seller/salesperson to disclose this
Harvester Name, Print	Harvester Name, Signed

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:	