

# Application to

# Take Fish Otherwise Than From a Vessel (FOTFAV)



## Permit Holder Details

If the applicant does not have a current or issued permit, an 'Application for a Fishing Permit' form must be completed.

Client Number

Full Legal Name

If you are applying for this FOTFAV for your re-issued permit that has not yet started tick 'Issued Permit'

Please advise of which permit this FOTFAV is for:

Current Permit

Issued Permit

Pursuant to section 89(5) of the Fisheries Act 1996 I seek authorisation for the following people to take fish, aquatic life, or seaweed otherwise than from a vessel under the authority of my fishing permit:

## Agent / Employee Details

Title

Mr

Mrs

Miss

Ms

Dr

Full Legal Name of Agent / Employee

First Name

Middle Name

Surname

Preferred Name

Email Address

## FOTFAV Start Date

The FOTFAV start date cannot be before the valid from date of the fishing permit it relates to.

FOTFAV Start Date

## FOTFAV End Date

The FOTFAV end date cannot be after the end date of the fishing permit it relates to. If the FOTFAV is to end at the same time as the associated permit tick 'Permit End Date'

FOTFAV End Date

OR Permit End Date

The person named above seeks authorisation to take the following stocks under the authority of my fishing permit:

Stock Code	species   area	Stock Code	species   area	Stock Code	species   area
1		5		9	
2		6		10	
3		7		11	
4		8		12	

## FishServe Use Only

Fee Required \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Data Entry Initials \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Data Entry completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit No.

**PMT**

OFFICE USE ONLY

DATE PRESENTED

**Agent / Employee Details**  
**continued**

Full Legal Name of Agent / Employee

Title  Mr  Mrs  Miss  Ms  Dr

First Name

Middle Name

Surname

Preferred Name

Email Address

FOTFAV Start Date

FOTFAV End Date

OR Permit End Date

The person named above seeks authorisation to take the following stocks under the authority of my fishing permit:

Stock Code species   area		Stock Code species   area		Stock Code species   area	
1		5		9	
2		6		10	
3		7		11	
4		8		12	

**Agent / Employee Details**  
**continued**

Full Legal Name of Agent / Employee

Title  Mr  Mrs  Miss  Ms  Dr

First Name

Middle Name

Surname

Preferred Name

Email Address

FOTFAV Start Date

FOTFAV End Date

OR Permit End Date

The person named above seeks authorisation to take the following stocks under the authority of my fishing permit:

Stock Code species   area		Stock Code species   area		Stock Code species   area	
1		5		9	
2		6		10	
3		7		11	
4		8		12	

## Permit Holder Declaration

I declare that:

- The information I have given on this application is true and correct.
- I am aware it is an offence to provide false or misleading information or omit any material information.
- I have read and understood the details of the Privacy Act 1993 supplied with this form.
- I understand that this authority has no effect until the Director-General of the Ministry for Primary Industries or delegate has given his/her approval.
- I understand it is my responsibility to keep the details of this agreement up to date.

If there are more signatories than space provided make further declarations on a copy of this page.

Full Name of Signatory	Position	Signature	Date
			/ /
			/ /
			/ /
			/ /

## Agent / Employee Declaration

I declare that:

- The information I have given on this application is true and correct.
- I am aware it is an offence to provide false or misleading information or omit any material information.
- I have read and understood the details of the Privacy Act 1993 supplied with this form.
- I understand that this authority has no effect until the Director-General of the Ministry for Primary Industries or delegate has given his/her approval.
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If there are more signatories than space provided make further declarations on a copy of this page.

Full Name of Signatory	Position	Signature	Date
			/ /
			/ /
			/ /
			/ /

## Privacy Act 2020 — Collection of Personal Information

Your personal information is being collected to enable your application for a fishing permit to be processed.

The agency collecting and holding this information is Commercial Fisheries Services Limited (FishServe), PO Box 297, Wellington, 6140.

The collection of this information is required under section 91 of the Fisheries Act 1996. It is not mandatory that you supply this information, but your application may not be processed if you do not provide all the information requested on this form.

You have the right to access and correct your personal information.

You may apply to FishServe to prevent the display of your personal address on registers kept under the Fisheries Act 1996 if you consider that disclosure would be prejudicial to your personal safety or to the safety of your family.

## General Notes

It is an offence under section 230(1) of the Fisheries Act 1996 to make any false or misleading statement in this application. If you are convicted of an offence against that section, you are liable to a fine not exceeding \$250,000.

All information on this application must be typewritten or hand printed in legible letters using ink. Correction fluid may not be used.

All amendments must be initialled.

This application must be accompanied by the prescribed fee.

The fee for this application can be determined by referring to the Schedule of Fees available from FishServe.

This fee is inclusive of GST.

This application can be submitted via post to FishServe, PO Box 297, Wellington, 6140, or e-mail to [registry@fishserve.co.nz](mailto:registry@fishserve.co.nz).

If you have any queries regarding this form, please contact the FishServe helpline on 04 460 9555.