

**PERSONAL INFORMATION**

REQUEST FOR THE APPRENTICE FISHER'S CERTIFICATE

IS IT YOUR FIRST REQUEST FOR THE APPRENTICE FISHER'S CERTIFICATE?

YES   
NO

1. Identification :

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_


ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. In what year did you start or will start commercial fishing?  
\_\_\_\_\_

3. Principal species \_\_\_\_\_  
What is the fishing area \_\_\_\_\_

PERSON TO CALL IN CASE OF EMERGENCY  
\_\_\_\_\_

PHONE NUMBER  \_\_\_\_\_

DATE OF BIRTH (DD-MM-YYYY) _____	SEX ➤ MALE <input type="checkbox"/> ➤ FEMALE <input type="checkbox"/>	LANGUAGE ➤ FRENCH <input type="checkbox"/> ➤ ENGLISH <input type="checkbox"/>
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**Return this page duly completed and signed at: Bureau d'accréditation des pêcheurs et des aides-pêcheurs du Québec**  
167, la Grande Allée Est, Grande-Rivière (Québec) G0C 1V0

**DECLARATION OF CONSENT**

I \_\_\_\_\_, hereby authorizes the Department of Fisheries and Oceans Canada to transfert to the Bureau d'accréditation  
(Write your name in capital)

des pêcheurs et des aides-pêcheurs (BAPAP), all information required to evaluate my case in regards to the professionalization program.

By signing this declaration, I consent to the transmission of:

- all information from Fisheries et Oceans Canada relating to my fishing historic including the data on my catches, fishing effort, licenses as well as the time allowed to fishing;
- Any other information like my name, adress, telephone number and my personal fisherman identification number.

All this information will be used by the Bureau d'accréditation des pêcheurs et des aides-pêcheurs du Québec (BAPAP) uniquely in the framework of the law of the Bureau d'accréditation des pêcheurs et des aides-pêcheurs du Québec.

I also authorise the BAPAP to transmit any information relating to the professionalization program to the Department of Fisheries and Oceans Canada.

By signing this declaration of consent, I understand that all information transmitted will always be kept confidential and will be given to no other department, agency, or any other instance whitout my consent. This data will be used solely in the purpose of determining my situation in regards to the professionalization program.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_