

APPLICATION TO COLLECT MYSID SHRIMP IN THE CANAL

This application is for use by individuals wishing to collect mysid shrimp from the Point Waterfront Canal

Please complete fully the sections of this form. Type or print legibly

1. APPLICANT INFORMATION

Date		
Legal Last Name:	Legal First Name:	Legal Middle Initials
		Postal Address :
		:
	Phone number :	Cell Number :
E-Mail :		'
	Authorisation by the Auth	orised Person
Signed :	Name & Title	e (printed)
Date :		
oute		

2. REQUIREMENT FOR PERMIT APPROVAL

- A letter of motivation not exceeding 250 words to be addressed to the DPWMA Facilities Manager
- List of fish species currently being kept
- · Certified copy of ID document
- Two ID size Photos

3. PROCEDURES AND REQUIREMENTS

- This permit allows the holder to collect mysid shrimp from the canalL according to the prescribed methods, dates and times.
- If a permit holder exceeds the allowance as stipulated the permit will be suspended immediately.
- All procedures must be followed. Failure to follow these procedures will result in the suspension
 of the permit with no refund.
- No refund will be given, regardless of changes to circumstances.
- Should unforeseen circumstances arise, DPWMA reserves the right to cancel the collection of mysid shrimps until the situation has been resolved.
- Only one person per permit will be granted permission for collection.
- All permit holders shall carry their permits on the day of collection.
- Each permit holder is only allowed 1 x 25Lt Bucket per week of live mysids...
- The capture net frame diameter should not exceed 300mm in diameter.
- Area designated for the collection of mysid shrimp is from uShaka leading to Browns Bridge as per attached diagram.
- Mysid shrimp collection is not for commercial use.
- A collection register has to be signed at the DPWMA reception desk and accompanied with the permit and proof of ID on arrival to collect mysid shrimp..
- Collection time and day:

Time: 12h00 to 14h00Day: Wednesday only

JUNE - NOV

I hereby accept all the above conditions and procedures

Signature:	Date:
Name in full:	