

Name: _____ Phone: _____

Birthdate: _____ Address: _____
(m/d/y)

APPLICATION FOR:

Owner Skipper or Non-Owner Skipper of **Vessel Name:** _____

Name of person requesting this approval: _____

Applying to (or for):

Fish (type) _____ Move in harbour only Move harbour to harbour

Full skipper approval Other (explain): _____

First time approvals, or approval for an applicant who has been previously denied are subject to a \$100 processing fee.

PAST FISHING EXPERIENCE (starting with most recent, and then previous): *use reverse if necessary*

1. Vessel _____ Owner Skipper Non-owner Skipper Deck crew From: _____ to _____

Owner: _____ O.A.L. _____ ft Gear/Species: _____ Area(s) Fished: _____

2. Vessel _____ Owner Skipper Non-owner Skipper Deck crew From: _____ to _____

Owner: _____ O.A.L. _____ ft Gear/Species: _____ Area(s) Fished: _____

3. Vessel _____ Owner Skipper Non-owner Skipper Deck crew From: _____ to _____

Owner: _____ O.A.L. _____ ft Gear/Species: _____ Area(s) Fished: _____

4. Vessel _____ Owner Skipper Non-owner Skipper Deck crew From: _____ to _____

Owner: _____ O.A.L. _____ ft Gear/Species: _____ Area(s) Fished: _____

PAST ACCIDENTS? None Yes – if yes, list all & fully describe year/vessel/cause & cost:

DESCRIBE ANY FORMAL SKIPPER QUALIFICATIONS YOU HOLD: (Eg. Masters' Tickets, etc.)

HAVE YOU EVER BEEN REFUSED INSURANCE? No Yes If yes – explain:

PROVIDE NAMES OF 3 MUTUAL MEMBERS AS REFERENCES

In accordance with the provisions of the Personal Information Protection Act, I hereby authorize PCFMMIC to contact the following references.

Name: _____ Phone: _____ Vessel: _____

Name: _____ Phone: _____ Vessel: _____

Name: _____ Phone: _____ Vessel: _____

We hereby advise you that Pacific Coast Fishermen's Mutual Marine Insurance Company receives, collects, uses and shares personal information about you for the purposes of providing and administering both your application and policy of insurance and statutory required reporting in accordance with Mutual Marine's Privacy Policy. By your agreement signified by your signature below you are consenting to this receipt, collection, use, and sharing of your personal information.

I hereby certify that the above information is true, correct, and complete in every respect:

Signature: _____ Date: _____