



P.E.I. DEPARTMENT OF AGRICULTURE, FISHERIES AND AQUACULTURE

DEBT MEDIATION PROGRAM FOR FISHERS

- INSTRUCTIONS: • Please answer questions completely. • Submit a completed original application to the Department of Agriculture, Fisheries and Aquaculture • Retain a copy for your records. • All information provided will be kept confidential.

Project No. || || || || || || ||

IDENTIFICATION OF THE APPLICANT:

1. Legal name of applicant

Name and title of official to whom inquires may be directed.

Name: _____

Mailing Address: _____

Telephone Number: House _____ Cell _____

Fax Number: _____

E-mail Address: _____

2. Fishing Vessel Name: _____

Home Port: _____

LFA Fishing Area: [] LFA 25 [] LFA 26A

List of Fishing Licences Held:

3. Has a financial or legal commitment been made to this work before application dates?

[] NO [] YES - Provide details

4. Project or Activity Period

Estimated Start Date: _____

Estimated Completion Date: _____

