

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 appli		Name and title of official to whom inquires may be directed.							
Name:		-							
Mailing Address:		-							
Telephone Number:	House Cell								
Fax Number: E-mail Address:		-							
 Fishing Vessel Nan Home Port: LFA Fishing Area: List of Fishing Licer 	□ LFA 25 □ LF.	A 26A							
3. Has a financial or le	egal commitment been made to th	is work before							
4. Project or Activity P	Period Decision		YES - F	rovide	e deta	alis			
Estima	ated Start Date:								
	ated Completion Date:								

Note: Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Debt Mediation Program For Fishers and will be used for determining <u>eligibility for program assistance</u>. If you have any questions about this collection of personal information, you may contact Barry MacPhee, Manager, Marine Fisheries, PEI Department of Agriculture, Fisheries, and Aquaculture, PO Box 2000, Charlottetown, PEI C1A 7N8.

5.	Have you selected a	Financial Expert for the work?	yes 🗆	no 🗆
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If yes, please note below your selection:

- **6 DECLARATION OF APPLICANT**: To the Department of Agriculture, Fisheries and Aquaculture (as applicable):
 - (a) The information given in this application is, to the best of my knowledge and ability, complete, true and correct.
 - (b) I certify that financial assistance from this Program is a significant factor in the decision to proceed with this project.
 - (c) I agree to select and cooperate with the Program Coordinator and the Financial Expert to meet all information requirements.
 - (d) I agree to authorize a representative of the Department of Agriculture, Fisheries and Aquaculture reasonable access to the financial Financial Expert and records developed as part of the project.
 - (e) I agree to indemnify and hold harmless the Department of Agriculture, Fisheries and Aquaculture, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of the Work (herein called "claims"), provided that such claim is caused in whole or in part by any act, error or omission, including, but not limited to, those of negligence, of the Applicant or anyone directly or indirectly employed by the Applicant or anyone for whom the Individual may be liable;

Name of Applicant

Signature of Applicant

Signed at _____ this ____ day of _____ 20____

Send completed application for work to:

Department of Agriculture, Fisheries and Aquaculture Fisheries & Aquaculture Division P.O. Box 2000 Charlottetown, PE C1A 7N8 Phone: (902) 368-6330 Fax : (902) 368-5542