Snow Crab Survey Vessel Application Form

Fill out the Application Form in its entirety on the following pages.

1. Applicant Information

Full Name: ____________________________________________________________
   Last    First    M.I.

Address: ____________________________________________________________
          Street Address    PO Box
          ____________________________
          City    Province    Postal Code

Phone: (     )     Email Address: ________________________

Have you worked for the TJFB in the past? Yes ☐    No ☐

Vessel Name: _____________________    CFV Number: ________________________

Vessel Description:

Length:__________________________    Beam:______________________________
*Vessel must be at least 45’ – 65’ and a beam of 18’ or wider

Does your vessel meet Transport Canada Regulations:    Yes ☐    No ☐

**Please enclose pictures of the interior and exterior of the vessel.**
2. Fishing Experience

Please answer the following questions in the space allotted. If extra space is required, please attach information to this application on another sheet.

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<th>Year</th>
<th>Number of Trips</th>
<th>Total Crab Caught (LBS)</th>
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3. Inuit Status (NG# is your Inuit beneficiary number if applicable)

Are you a Nunatsiavut beneficiary? Yes [ ] No [ ]

NG #: 

4. Crew Members (NG# is their Inuit beneficiary number if applicable)

Full Name: 
Title: 
Company: 
Phone: (   )
Address: 
NG #: 

Full Name: 
Title: 
Company: 
Phone: (   )
Address: 
NG #: 

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5. Captain and Crew Information

Please answer the following questions in the space allotted. If extra space is required, please attach information to this application on another sheet.

1) Do your Captain and Crew have at least two years Experience fishing Snow Crab: Yes [ ] No [ ]

2) Do your captain and crew have the necessary Master/Mate certification: Yes [ ] No [ ]

3) Do your captain and crew have the required Safety Training: Yes [ ] No [ ]

6. Vessel Information

Please answer the following questions in the space allotted. If extra space is required, please attach information to this application on another sheet.

1) Do you have appropriate insurance for vessel and for all persons on board: Yes [ ] No [ ]

2) Does your vessel have sufficient deck space for the fisheries researcher to hold the catch in separate tote pans, measure, weigh and record crab data and have sufficient deck space to transport gear listed in Section 2.1 of the RFP: Yes [ ] No [ ]

3) Does your vessel have adequate space for minimum accommodations for captain, crew and 1 fisheries researcher: Yes [ ] No [ ]

4) Does your vessel have minimum water and fuel capacity for the vessel to remain at sea for a nine sea-day trip: Yes [ ] No [ ]

5) Does your vessel have reliable GPS, radar, and other navigational and communication equipment: Yes [ ] No [ ]

6) Does your vessel have valid C.S.I certificate and appropriate Life raft with valid inspection certificate: Yes [ ] No [ ]

7) Does your vessel have suitable insulated containers to hold frozen bait up to nine days at sea: Yes [ ] No [ ]
8) Does your vessel have suitable CSA Approved Floatation Devices for all persons on board vessel: 

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6. Gear & Survey Information

I can follow the Gear and Survey Requirements outlined in the Requirements section 2.2 in the Request for Proposal document:

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7. Survey Plan

Please refer to the Survey Map in the Appendix of the RFP. Provide an overview of how you would approach the survey, including timeline and stations.
8. Financial information

Please provide a budget for conducting the post-season trap survey based on your Plan described in Section 7 of this application.

The cost should include all costs associated with trap survey, including but not limited to applicable taxes, wages, food, etc.

The price will be pro-rated if the required gear is not set/or not set in accordance with the agreed survey plan and may result in non-payment.

Fuel and bait will be provided by the TJFB to conduct the survey. This will include the use of fuel to ferry to Makkovik from a location no further than Labrador if required.

An Invoice must be provided to the TJFB, which details and tax if any.
9. Disclaimers and Signature

I________________________, is an independent proponent and at the date of signing this application form, to the best of my knowledge, warrants that no conflict of interest exists or is likely to arise with the interests of the Torngat Joint Fisheries Board, Torngat Wildlife and Plants Co-Management Board and the Torngat Secretariat.

Signature:______________________________ Date:___________________

I _________________________ certify that my answers are true and complete to the best of my knowledge. I understand that the Torngat Joint Fisheries Board is not bound to accept the lowest bidder. I understand that incomplete, false or misleading information in my application will result in disqualification. I understand that Torngat Joint Fisheries Board is not liable in any way for any damages as a result of this application or any other potential survey.

Signature:______________________________ Date:___________________