

The Department of **Environmental Planning** & Protection



Ministry of the Environment and Housing Ground Floor- Charlotte House, Shirley Street Telephone: (242) 322-4546

Application to Access Biological Resources and Traditional Knowledge in The Bahamas *This Form is to be used by those not seeking to export or remove any resources from The Bahamas and are engaged in videography ONLY *If you intend to have physical contact with the flora or fauna (biological resources) or remove or collect data samples of any kind please apply via the portal Research.depp.gov.bs

1.	Applicant's name.	
2.	Applicant's address.	
3.	Applicant's nationality.	
4.	Applicant's email.	
5.	Applicant's telephone contact.	-
6.	Provide company's name.	
7.	Name of documentary/videography.	
8.	Name of legal representative who will sign permit.	_
9.	Legal representative's address.	
10.	. Legal representative's nationality.	
11.	. Legal representative's telephone contact.	
12.	. Legal representative's email	
13.	Provide full name/s and addresses of the persons utilizing the permit and permit their passports as an attachment. (<i>E.g.</i> , <i>producer</i> , <i>executive producer</i> , <i>legal</i> seconds of the persons utilizing the permit and permit and permit and permit and permit are permit as an attachment.	representative).

s	Provide a list of all other persons including roles and affiliations (<i>OTHER</i> than media crew support teams and those identified under question #13 & #14) with copies of their pass information/photo page and their roles in relation to the project. (<i>Please provide copies as attachment</i>).			
	Name	Affiliation	Role	
	esearch/scientific institution or ha	ave a scientific /research backg	ground.	
	Provide the names and designation of the control of	<u>*</u>	will act as advisors to the	

20.	Please provide dates of proposed activities while in The Bahamas (Arrival and departure).
21.	Please describe the type and purpose (Objective) of the proposed activities in The Bahamas.
22.	Please provide the name/s, registered numbers and brief description of vessels type and/or other carrier to be used in The Bahamas.
23.	Please provide the proposed cruise plan, indicating ports of entry and exit with routes to be followed if activity is marine based.
24.	If applicant wishes to apply for duty-free import for the equipment to be used in connection with the project, provide a list of all equipment in full, together with details of the value as copies of attachments. (<i>Expendable supplies not included</i>).
25.	Provide the date, port and method of arrival in The Bahamas of the equipment referenced in response to question 24.
26.	Provide the name/s and precise location/s where proposed activity is to occur on land and/or sea (<i>GPS Coordinates required</i>).

27. Pi —	rovide information on the target specie/s for the proposed activity.
	rovide information and the objective associated with the type and level of interaction with the target species (Activity, method, number of persons involved).
	s this the first time the entity has sought approval for such work in The Bahamas? Yes No
30. W	Vas there any drone work done from your vessel last year? Yes No
31. H	low many drone work projects were done using your vessel last year?
(I	are you planning to utilize any drones during the documentary/videography activity? Please provide an attached copy of the Drone Certificate of Registration/Number from tate of Registration).
Y	res No
33. D	Prone Make:
84. D	Prone Model:
85. D	Prone Serial/Registration Number:
	las there been any previous publications/productions relating to the project? If so, list ll publications/productions that were developed within the last 5 years.
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 37. In 	ndicate the intended final product which will be achieved under the permit.
	ndicate if applications have been made to the Film Commission, or Antiquities, Monument & Museum Corporation.
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40. Please identify what benefits will activity will be carried out.	Please identify what benefits will be experienced by The Bahamas or island where the activity will be carried out.		
	UTHORIZED REPRESENTATIVE rmation (and all information in attached sheets, if any)		
Signature of Authorized Representativ	e Date		
	Official Government use		
	Doto		
Approved	Date		
	Date		
Not Approved	Date		
Approved Not Approved Approved Permit # STAMP/SEAL	Date		