



Application #: \_\_\_\_\_

## NATIONAL RESEARCH VESSEL OPERATIONAL PERMIT

### APPLICATION FORM

*\*This application is for Bahamian vessels only*

#### GENERAL INSTITUTION DETAILS

1. Name of Vessel: \_\_\_\_\_
2. Type of Vessel: \_\_\_\_\_
3. Vessel Registration Number: \_\_\_\_\_
4. Applicant's Name: \_\_\_\_\_
5. Applicant's Address: \_\_\_\_\_
6. Applicant's Nationality: \_\_\_\_\_
7. Applicant's NIB#: \_\_\_\_\_
8. Applicant Email: \_\_\_\_\_
9. Applicant's Fax: \_\_\_\_\_
10. Operation's Contact Person: \_\_\_\_\_
11. Operation's Contact Person's Telephone #: \_\_\_\_\_
12. Operation's Contact Person's Cellular #: \_\_\_\_\_
13. Operation's Contact Person Work Email: \_\_\_\_\_
14. Island/Home Port Location of Vessel: \_\_\_\_\_
15. Postal Address: \_\_\_\_\_
16. Name of Institution: \_\_\_\_\_
17. Institution Website Address: \_\_\_\_\_
18. Date of Last Inspection? \_\_\_\_\_
19. Describe Services Provided:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Please indicate the type of insurance coverage presently held by the vessel.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Is any member of the crew currently facing impended charges/convicted of a criminal violation in The Bahamas? Yes      No
22. If yes, please describe (*Attach additional sheets if applicable*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide a copy of the following that is applicable when submitting your application

**1. Application Documentation (Attached)**

1. Copy of Boat Registration Card. Yes      No
2. Copy of Boat License. Yes      No
3. Copy of Boat Captain License. Yes      No
4. Copy of Business License. Yes      No
5. Copy of VAT Compliance. Yes      No
6. Tax Compliance Certificate. Yes      No
7. Copy of Liability Insurance. Yes      No
8. VAT TIN Registration. Yes      No
9. NGO Status Documentation (If applicable). Yes      No
10. Good-Standing Certificate. Yes      No
11. Copy of Non-Profit Organization Registration Certificate. Yes      No
12. Certificate of Occupancy. Yes      No
13. Any other relevant government issued documentation. Yes      No

**RESEARCH VESSEL OPERATIONS**

1. Please identify the services which your vessel offers (*Tick all that apply*):

Research      Educational      Live-a-board      Day trip only      Documentary/Videography  
 Other \_\_\_\_\_

2. Vessel Age: \_\_\_\_\_

3. Number of individuals which can be accommodated on board: \_\_\_\_\_

4. Finance Information on Period of Operation Prior Year (BDS): \_\_\_\_\_

5. Turnover      Gross Premium      (BDS): \_\_\_\_\_

6. Tax Payable: \_\_\_\_\_

7. Revenue Generation Main Source (BDS): \_\_\_\_\_

8. List research grant provider/s, areas of focus and cost of operations in the table below

Researcher Grant Provider	Areas of Focus	Cost of Operations

9. Please specify any contractual obligations with which the vessel is legally bound to for the next three (3) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Does the applicant own the vessel? Yes      No

If Yes, please attach certified copies of Proof of Ownership.

If No, please identify the owner of the vessel. Please attach supporting documents, (*e.g., Lease*).

11. List All Owners, Partners, Corporate Officers, Managers, Members, Board Members, etc. (*If individual ownership, list only one owner.*) Please provide information as indicted below.

Attach additional sheets if needed.

Passport Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Nationality of Owner: \_\_\_\_\_

Residence Address (Street): \_\_\_\_\_

NIB #: \_\_\_\_\_

Percent Owned: \_\_\_\_\_

Settlement: \_\_\_\_\_

Island: \_\_\_\_\_

Telephone #: \_\_\_\_\_

12. Do your vessel members engage in research publications activities? Yes      No

13. Please provide a list of all researcher/s and their permit information who utilized the facility for the previous year in the table below:

Year 202__		
Permit Number	Lead Researcher	Area of Research

14. Does the researcher own the vessel? Yes      No

15. What are the specifications of the vessel/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Is the vessel rented to researchers? \_\_\_\_\_

17. Please provide the following information within the table below for **all** individuals who were allowed access to board the vessel.

Vessel Member	Passport No	Role	Vessel Member Resumé

*(Copies of Passport ID/Resumé to be attached)*

18. How many researchers using your vessel last year were nationals? \_\_\_\_\_

19. How many researchers using your vessel last year were non-nationals? \_\_\_\_\_

20. How many marine researchers used your vessel utilized foreign research vessels? \_\_\_\_\_

21. How many utilizing your vessel were under a documentary permit? \_\_\_\_\_

22. How many documentary permits used your vessel last year were nationals? \_\_\_\_\_

23. Was there any drone work done from your vessel last year? Yes      No

24. How many drone work projects were done using your vessel last year? \_\_\_\_\_

25. Did your vessel provide internship to Bahamian students? Yes      No

26. Did your vessel provide educational opportunities for Bahamian students last year?

Yes      No

27. If yes, please provide details in the table below:

Year 202__		
Number of Students	Schools Name & Location	Educational Level

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28. Did your vessel engage in local community projects last year? Yes      No

29. If Yes, please provide details in the table below

Special Local Community Projects	
Lead Agency	Project Objectives

30. Did your vessel engage in filming or videography as part of this research prior year?

Yes      No

If Yes, please indicate the use of the video and if the information was provided to others within and/or outside of The Bahamas, explain the purpose of sending the video to the individual.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Confidentiality**

31. Do you consider any information provided here to be a trade secret or other confidential business information and that such information be omitted from the Register?

Yes      No

If yes, please provide details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other relevant information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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**For Official Government use**

Approved \_\_\_\_\_

Date \_\_\_\_\_

Not Approved \_\_\_\_\_

Date \_\_\_\_\_

Approved Permit # \_\_\_\_\_

Payment \_\_\_\_\_

STAMP/ SEAL

Signature. \_\_\_\_\_