



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

## NON-NATIONAL RESEARCH VESSEL OPERATIONAL PERMIT

### APPLICATION FORM

*\*This application is for FOREIGN vessels only*

#### **GENERAL INSTITUTION DETAILS**

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

21. If yes, please describe (Attach additional sheets if applicable):

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22. Are any members of your institution currently facing any impending criminal investigations/charges in or out of The Bahamas? Yes      No

23. If yes, please describe (Attach additional sheets if applicable):

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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. US Coastguard Certificate of Documentation. Yes      No
4. Copy of Boat Captain License. Yes      No
5. Copy of Business License. Yes      No
6. Tax Compliance Certificate. Yes      No
7. Copy of Liability Insurance. Yes      No
8. NGO Status Documentation (If applicable). Yes      No
9. Good-Standing Certificate. Yes      No
10. Copy of Non-Profit Organization Registration Certificate. Yes      No
11. Any other relevant government issued documentation. Yes      No

**RESEARCH VESSEL OPERATIONS**

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

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

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

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

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

Research Grant Provider	Areas of Focus	Value

5. Please specify any contractual obligations with which the vessel is legally bound to for the next three (3) years as it relates to research in the Bahamas:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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). \_\_\_\_\_

7. 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): \_\_\_\_\_

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

Country: \_\_\_\_\_

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

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

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

Year 202__		
Permit Number	Lead Researcher	Area of Research

10. Does the researcher own the vessel? Yes No

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

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

13. How many researchers used your vessel last year? \_\_\_\_\_

14. 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)*

15. How many utilized your vessel/s for documentary purposes? \_\_\_\_\_
16. How many Bahamian researchers did your vessel cater to last year? \_\_\_\_\_
17. Was there any drone work done from your vessel last year? Yes      No
18. How many drone work projects were done using your vessel last year? \_\_\_\_\_
19. Did your vessel provide internship opportunities to Bahamian students? Yes      No
20. Did your vessel provide educational opportunities for Bahamian students last year?  
Yes      No
21. If yes, please provide details in the table below:

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

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

22. Did your vessel engage in local community projects last year? Yes      No
23. If Yes, please provide details in the table below

Special Local Community Projects	
Lead Agency	Project Objectives

24. Did your vessel engage in filming or videography as part of its own research undertaking 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.

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**Confidentiality**

25. 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:

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Other relevant information:

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**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 \_\_\_\_\_

