



Application for consent to catch salmon or other freshwater fish during the close season and / or using otherwise unlawful methods.

1. Applicant *(Please use BLOCK CAPITALS)*

Name

Organisation

Address

Telephone no. (daytime) Fax no.

mobile

E-mail

2. Name of person or persons to which the licence will apply
(continue in box 14 or a separate sheet if necessary)

3. Location of the waters in which the fishing will take place

Name of salmon fishery district(s)

Please specify the catchment and give details of location within a river / loch system(s) *(see guidance notes for more information)*.

Ordinance survey grid
references or supply a map
showing the location(s).

(continue in box 14 or a separate sheet if necessary)

4. Period for which permission is required

From To

5. List the fish species expected to be caught. (continue in box 14 or a separate sheet if necessary)

Target species? YES NO

Target species? YES NO

Target species? YES NO

Target species? YES NO

Target species? YES NO

Target species? YES NO

6. Purpose for which permission is required

Please give full details below. If for broodstock collection full details of numbers of fish to be taken and location(s) where the progeny are intended to be stocked must be provided. (continue in box 14 or separate sheet if necessary)

7. What will happen to the fish?

(Please tick appropriate box)

Further information can be provided in box 14

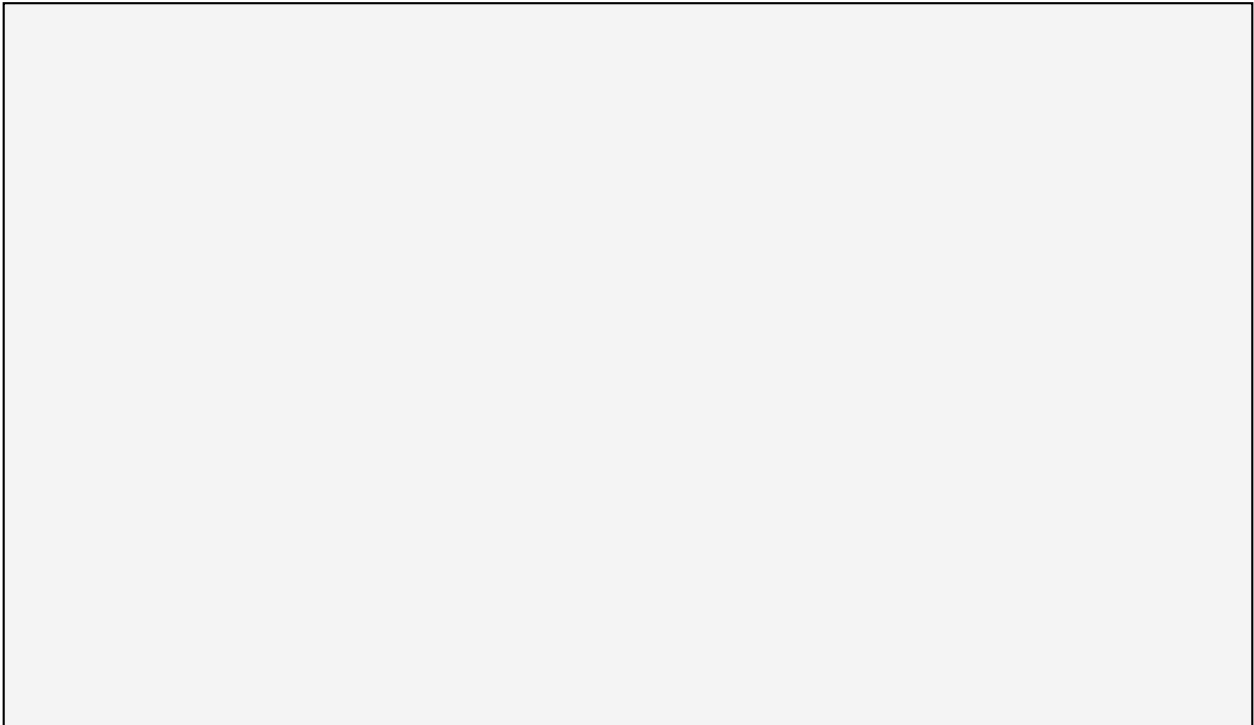
Returned to the water

Retained alive

Killed

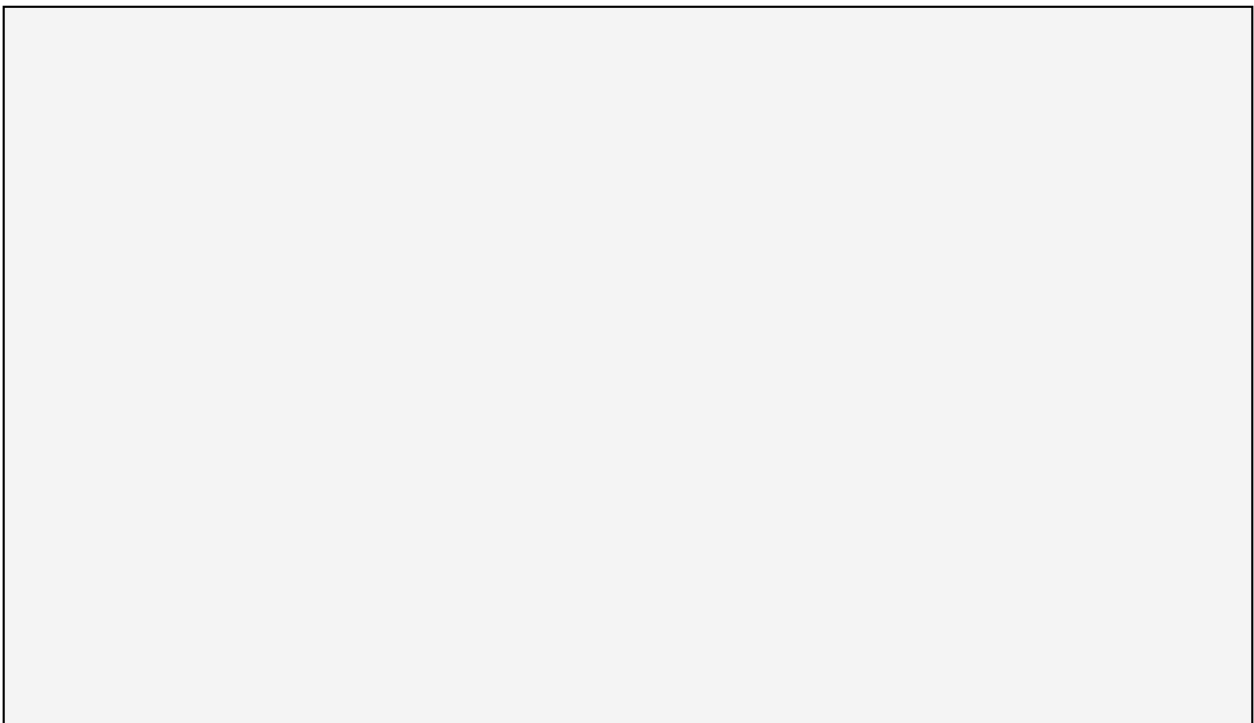
8. Type of equipment to be used

Type of net, type of trap, electrofishing etc. *If electro-fishing: Please supply full equipment specification [AC or DC, pulsed, unpulsed, voltage, source of power, manufacturer's name] (continue in box 14 or a separate sheet if necessary)*



9. Experience / Qualifications

Please provide details of any experience and or qualifications held by the person(s) listed in **2** above relating to the methods and equipment to be used. Include details of any qualifications in the use of the equipment or an attestation by a referee (e.g. Fisheries Trust biologist, previous or current employer etc). *(continue in box 14 or a separate sheet if necessary)*



10. Assessment of Risk

Please provide an assessment of the risk to native biota of the activities to be undertaken. The assessment should cover all activities and locations involved and include potential impact on target as well as incidental species. If the assessment indicates a potential for negative impact details of mitigation should also be provided. *(continue in box 14 or a separate sheet if necessary)*

11(a) Have you discussed your proposal(s) with the relevant District Salmon Fishery Board(s)?
(Please tick appropriate box)

YES NO No board in existence

11(b) Has a Board objected to your proposal(s)? If yes please attach relevant correspondence.
(Please tick appropriate box)

YES NO No board in existence

12. Have you obtained or intend to obtain the written permission of all affected proprietors and tenants of fishing rights, including riparian owners? *(Please tick appropriate box)*

YES NO

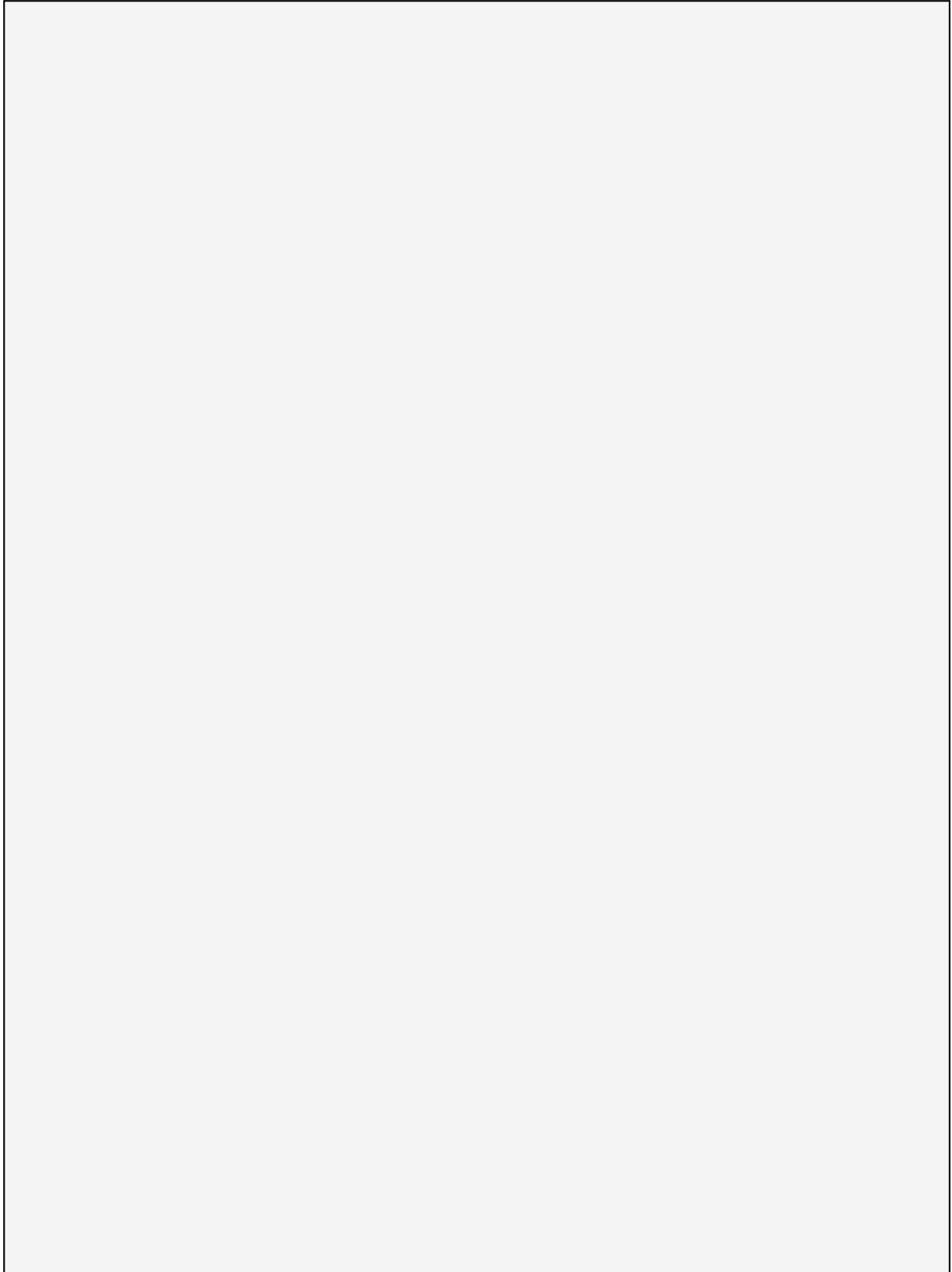
13(a) Is the site subject to a Nature Conservation Designation? *(Please tick appropriate box)*

YES NO

13(b) If yes, have you contacted SNH to discuss the proposed activity? *(Please tick appropriate box)*

YES NO

14. Additional supporting information. Please use this space to give any additional information you feel may be supportive of your application and as extra space to provide or expand upon information requested previously.



DATA PROTECTION

MSS Freshwater Licensing processes all personal information in line with the Data Protection Act 1998 (DPA), the EU General Data Protection Regulation (GDPR), and any other data protection legislation enacted by the UK Government. The information collected on this form and any supporting correspondence will be used to undertake licensing functions.

Please read our data protection privacy notice at:

<https://www.gov.scot/publications/freshwater-fisheries-privacy-notice/>

DECLARATION

I have read and understood this form, the accompanying guidance and the data protection privacy notice. To the best of my knowledge and belief, the information I have given is complete and correct. I understand that Marine Scotland Science may require additional information from me at my expense to allow a decision to be made.

Tick box to confirm declaration

Signature

Date

Please submit your application by email to:

MSSFFLicensing@gov.scot

Or you can post a paper copy of the completed form to: Freshwater Licensing, MSS Freshwater Fisheries Laboratory, Faskally, Pitlochry, Perthshire PH16 5LB.

If you are emailing your application form please print and sign a copy of this page (6) then either post, or scan/photograph and attach to your email.

Please complete this box if you are sending your application by email:

Name of Applicant

I certify that the declaration and signature above are made in respect of the information provided at pages 1 to 5 of this form

Tick box to confirm