

Application to Register a UK Vessel

(Fishing)

You must complete all sections of this form. All correspondence will be sent to the address in section 4, unless stated otherwise.

READ THE FOLLOWING NOTES BEFORE COMPLETING THE FORM.

- The Register is a Public Register from which any person can obtain a Transcript of entries in the Register. **Warning:** the vessel is not registered until a Certificate of Registry has been issued.
- Please write using BLOCK CAPITALS and tick boxes where appropriate.
- Note: Every fishing vessel must be licenced to fish by the appropriate Fisheries Administration (e.g. MMO) before it may fish for profit. If you do not have a licence or licence entitlement you should consult your local fishery or port office before applying to register your vessel.
- Section 1, 3 and 4 must be completed in all cases.
- Section 2 must be completed if the vessel has been registered before in any way or in any country

1: DETAILS OF VESSEL				
Please note the requested PLNs	1 2 3 4	ort Letter/Numbers) may not be ava	ailahla	
Port of Choice	(, ,	The Lotto // Valliboro / May not be ave	Preferred PLN	
Type of Registration required	d	Simple	Full	
IMO/HIN (if known)				
Radio Call Signs (if known)				
MMSI (if known)				
EC Number (if known)				
Approximate Length (metres)			
Year of Build				
Construction Material				
Name of Builder				
Address of Builder				
Country of Build				

2: PREVIOUS REGISTRATION	N DETAILS		
Name of Vessel (if different from section 1)			
Official Registration Number			
Port of Registration			
Registered Length			
Where was the vessel registered	d?		
UK (please tick)	Port Letters & Number (if applicable)		
EU or EEA Country (please tick)	Country		
	EU Number (if applicable)		
Elsewhere (please tick)	Country		
Has the vessel an outstanding re	gistered mortgage?	Yes	No [
3: DETAILS OF FISHING ACT	IVITY		
Will the vessel be used to fish in	community waters?	Yes	No 🗍
Has the vessel been given a de-	•		
financial assistance for it to refrai		Yes	No
member state?			
4: DETAILS OF THE APPLICA	ANT		
Title (not compulsory)			
Full Name(s) / Company Name			
Address			
Postcode			
Telephone Number			
Email Address			
Note: All correspondence will requests the Registry to send it. If you are the permanent agent for	it to a specified person.		ne owner
* Please delete as necessary.		_ 	

Applicant Signature				
Date	DD / MM / YYYY			
I/we* being the owner(s) of the above vessel request that all correspondence including the Certificate of Registry be sent to:				
Address				
My/our* registration agent/permanent agent*				
Signature of owner(s)				
Date	DD / MM / YYYY			

5: PRIVACY NOTICE

Your Information

We collect personal information about you to carry out our official duty and to keep the UK ship register up to date and to make sure our services are planned to meet vessel owner's needs.

For more information on how we use your information please see our privacy policy available on our website https://www.gov.uk/government/organisations/maritime-and-coastguard-agency

When completed, send this form together with:

- the correct fee, and;
- the Declaration of Eligibility;
- In case of companies, a copy of any Certificate of Incorporation;
- Builders Certificate and/or Bills of Sale, except for fishing vessels in respect of simple registration;

to: Registry of Shipping and Seamen

Anchor Court, Keen Road

Cardiff

CF24 5JW Tel. No: 020 39 085202

United Kingdom Email: <u>fishing.registry@mcga.gov.uk</u>