# CAYMAN ISLANDS



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THE MARINE CONSERVATION LAW (2003 REVISION)

THE MARINE CONSERVATION (AMENDMENT) REGULATIONS, 2003

Marine Conservation (Amendment) Regulations, 2003

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Form MC 15 MARINE CONSERVATION LAW (2002 Revision) (Section 17) FISH POT OWNER'S LICENCE This is to certify that -----0f---licensed by the Marine Conservation Board under section 17 to use a fish pot in Cayman Waters subject to the following conditions-

3. The Marine Conservation Regulations (2002 Revision) are amended in the Fifth Schedule by inserting the following at the end thereof-

Amendment of the Fifth Schedule-licence fee for fish pot

"Licence for the use of fish pot, under section 17

Secretary/Chairman

Marine Conservation Board.".

\$10 per pot.".

Date

### **CAYMAN ISLANDS**

### THE MARINE CONSERVATION LAW

### (2003 REVISION)

## THE MARINE CONSERVATION (AMENDMENT) REGULATIONS, 2003

In accordance with the powers conferred by section 29 of the Marine Conservation Law (2003 Revision) the Governor makes the following regulations:

1. These regulations may be cited as the Marine Conservation (Amendment) Citation Regulations, 2003.

2. The Marine Conservation Regulations (2002 Revision) are amended in the Fourth Schedule as follows-

Fourth Schedule to the Marine Conservation Regulations (2002 Revision)

- (a) by repealing Forms MC 10 and 11;
- (b) by repealing Forms MC 12 and MC 13 and substituting the following-

Form MC 12

### MARINE CONSERVATION LAW

(2002 Revision)

(Section 15)

## APPLICATION FOR A SPEAR GUN OWNER'S LICENCE

Please complete this form and return it along with a recent (6 months or less) POLICE RECORD to:

The Secretary, Marine Conservation Board, P.O. Box 486GT Marco Giglioli Centre, 580 North Sound Rd., George Town, Grand Cayman.

This application will be considered by the Board at its next meeting possible. If approved, you will be notified and may pick up you license after paying a fee of CI\$50.00 at the Department of Environment. Police record and all information

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below are required. Incomplete applications WILL NOT be processed.							
* FULL NAME:/							
First Middle Last							
*RESIDENTIAL ADDRESS:///							
House No. Road District Island							
*MAILING ADDRESS:/							
P.O. Box District							
* TELEPHONE: /							
* TELEPHONE:/							
*DATE OF BIRTH							
*DATE OF BIRTH: / / / Year							
TYPE OF GUN: ( ) Mechanical ( ) Pneumatic ( ) Hawaiian Sling ( ) Pole Spear ( ) Other							
( ) - 1							
DESCRIPTION:							
Make / Model / Colour No. of Rubbers Rod (Ss or							
Galv)							
*ID TAG #:							
* ON THE LOCK HOW OF THE VIOLENCE OF THE TRANSPORT							
* ON AVERAGE, HOW OFTEN DO YOU SPEAR FISH?							
Once per: ( )Day ( )Week ( )Month ( ) Less							
* HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE							
MARINE CONSERVATION LAW? () No () Yes							
*IF YES, EXPLAIN:							

Made in Cabinet the 2<sup>nd</sup> day of September, 2003

Carmena Watler

Clerk of Cabinet.

*ID TAG	#:							
			USUALLY /	SET	YOUR	FISH	POT:	
District								
*HOW OFTEN DO YOU CHECK YOUR FISH TRAP: Once per: ( ) Day ( ) Week								
* HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE MARINE CONSERVATION LAWS? ( )No ( ) Yes								
*IF YES, EXPLAIN:								
*ARE YOU FAMILIAR WITH THE MARINE CONSERVATION LAWS?								
( ) Yes ( ) No								
Please sign below indication that all the information provided in this application is true and complete. Any falsification or with holding of relevant information will result in denial or withdraw; of a spear gun license.								
SIGNED,								
	Signature				Γ	Pate		

*ARE YOU FAMILIAR WITH THE MARINE CONSERVATION LAWS?								
( ) Yes ( ) No								
Please sign below indication that all the information provided in this application is true and complete. Any falsification or with holding of relevant information will result in denial or withdraw; of a spear gun license.								
SIGNED,								
Signature Date								
Form MC 13								
MARINE CONSERVATION LAW								
(2002 Revision)								
(Section 15)								
SPEAR GUN OWNER'S LICENCE								
Name								
Address								
Expiration date								
The above-named person is hereby licensed to own and use a spear gun within the Cayman Islands and its waters, subject to the following conditions-  1. All Marine Conservation Laws must be obeyed.								

- 2. The person holding this licence shall not permit any other person to use his spear gun.
- 3. The person holding this licence may possess no more than one spear gun.
- 4. The person holding this licence shall not remove or tamper with the identification tag affixed to the spear gun.
- 5. No more than three fish in total may be taken in any day using a spear gun.
- 6. Spear guns may not be used-
  - (a) in any of the Marine Parks Zones, i.e. Replenishment Zones, Marine Park Zones and Environmental Zones:
  - (b) in any lagoon, sound or any body of water less than 20 feet in depth;
  - (c) within two hundred yards of any dive or snorkel boats flying a dive flag indicating that there are divers in the water; or
  - (d) within one mile of any of the designated grouper spawning areas during the months of November to March inclusive.
- 7. Importation of spear guns or spear gun parts is not permitted.
- 8. This licence is not transferable to any other person.
- 9. Violation of any of these conditions shall be cause for revocation of this licence.

Chairman, Marine Conservation Board.":

(c) by inserting the following forms at the end thereof-

Form MC 14

### MARINE CONSERVATION LAW

(2002 Revision)

(Section 17)

### **APPLICATION FOR A FISH POT LICENCE**

Please complete this form and return it along with a recent (6 months or less) POLICE RECORD to:

The Secretary, Marine Conservation Board, P.O. Box 486GT Marco Giglioli Centre, 580 North Sound Rd., George Town.

This application will be considered by the Board at its next meeting possible. If approved, you will be notified and may pick up you license after paying a fee of CI\$10.00 at the Department of Environment. <u>Police record and all information</u> below are required. Incomplete applications WILL NOT be processed.

* FULL NAME:	_/							
First	Middle	Last						
*RESIDENTIAL ADDRESS:								
House No.	Road	District	Island					
*MAILING ADDRESS:/								
P.O. Box		District						
* TELEPHONE:// Work	Home							
*DATE OF BIRTH:/	/							
Day Mor	nth Ye	ar						