PERMIT APPLICATION FOR COMMERCIAL FISHING IN WATER AREAS ADMINISTERED BY METSÄHALLITUS 2020–2024

NOTE: Applications that are completed in full will have priority in processing. 1. FIRST AND LAST NAME OR COMPANY REPRESENTATIVE______ 2. NAME OF COMPANY_____ 3. ADDRESS AND POSTAL CODE AND TOWN 4. HOME MUNICIPALITY 5. PERSONAL IDENTITY NUMBER OR BUSINESS ID _____ 6. TELEPHONE NUMBER 7. E-MAIL _____ 8. IS THE APPLICANT LISTED IN THE REGISTER OF COMMERCIAL FISHERS MAINTAINED BY THE ELY CENTRE? (Please attach the register certificate) GROUP II NO GROUP I 9. DOES THE APPLICANT HAVE AN OPERATOR-SPECIFIC SALMON QUOTA FOR THE AREA IN THE APPLICATION? (Please attach the quota decision, this only applies to fyke net fishers in marine areas) YES NO 10. I AM APPLYING FOR A PERMIT FOR COMMERCIAL FISHING FOR THE FOLLOWING WATER AREAS AND TRAPS (for fyke nets, indicate the maximum height of the trap in metres, and whether it will be used for salmon fishing in marine areas). Trap/traps Water area (lake, marine area, etc.) Height Number

				ΓUNITIES (for e s and the traps the	example, please spectat will be used)	cify the area
				ERCIAL FISHIN FOLLOWING Y		
				L CATCH REPO	- DRTS TO L FISHING PERMI	ITS
YES		NO		NO PRE	VIOUS PERMITS	
I GUARA	ANTEE THAT	THE ABOVE	EINFORMATIO	ON IS CORREC	Т:	
TIME AN	ND PLACE					
SIGNAT	URE					
Metsäh	ons should be seallitus, ry P.O. Box		owing address:			
Or by e-n	nail: mo@metsa.fi	L				