



TUNA PARTNERSHIP APPLICATION

I, _____ wish to partner with
_____ for the 2020 tuna season.

PRIMARY LICENSE HOLDER: _____

F.I.N.: _____

LICENSE NUMBER: _____

VESSEL NAME: _____ V.R.N.: _____

SECONDARY LICENSE HOLDER: _____

F.I.N.: _____

LICENSE NUMBER: _____

I understand I must be onboard for all tuna fishing activity.

Primary Fisher signature

Secondary Fisher signature

Date

PO Box 1236

Charlottetown, PE C1A 7M8

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