

## Application Form A:

### Please complete for each member of your crew

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training		*BIM Training Centre:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PFD with integrated PLB		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training		*BIM Training Centre:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PFD with integrated PLB		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training		*BIM Training Centre:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PFD with integrated PLB		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Please choose the BIM Training Centre at which you would like to undertake the 1-day Enhanced Safety Training. List of Training Centres can be found at the end of this application.

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	*BIM Training Centre:	
PFD with integrated PLB	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	*BIM Training Centre:	
PFD with integrated PLB	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Surname:		First Name(s):	
Address:			
County:			
Date of Birth:        /        / 19		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone Number:		Mobile Number:	
Email:		Nationality:	
PPS Number:			
Basic Safety Training Card Number:		Date of Issue:	
Certificate of Competency (if held):		Number:	
1-day Enhanced Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	*BIM Training Centre:	
PFD with integrated PLB	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*\*Please choose the BIM Training Centre at which you would like to undertake the 1-day Enhanced Safety Training. List of Training Centres can be found at the end of this application.*

## **BIM Training Centres:**

T1 - National Fisheries College, Greencastle

T2 - Regional Fisheries Centre, Castletownbere

T3 - Coastal Training Unit 1 - Galway-Mayo Coast

T4 - Coastal Training Unit 2 - East Coast

## Form B: Application for supply of PFD with integrated PLB

APPLICANT DETAILS	
Must be the registered owner of the vessel. If the vessels is owned by a company please give details.	
Name of the Registered Owner of the Vessel:	
Date of Birth:            /            / 19	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Telephone Number:	Mobile Number:
Email:	
VAT Registration Number:	

VESSEL DETAILS	
Name of Vessel:	
External (Port) Registration No:	Internal (EU) Registration Number:
Year of Construction:	Vessel size (LOA):
Home port:	
Number of crew:	Full Time            Part time
Fleet segment:	
<b>Copies of Fishing Licence, Certificate of Registry, and CoC must be submitted at time of application.</b>	

DECLARATION (Please complete if you are NOT registered for VAT)
Completion by you of the declaration below (that you or your company are NOT VAT registered) will allow us to pay grant on your gross expenditure on this project.
I (or we, or, company)
being the registered owner of the Irish registered fishing vessel the subject of this applicant for grant aid declare that I (we) am not registered for VAT (Value Added Tax) either because (a) I (we) am not eligible to register, or (b) I (we) have opted not to apply for voluntary registration.
Further, I/we hereby declare that I (we) am not registered, nor have I (we) any application outstanding for the purposes of VAT and that I (we) have not claimed and will not claim deduction or repayment as input tax for any amounts of VAT included in the price paid or expected to pay for the equipment made available under the terms of this scheme.
I understand that BIM may consult others including the Revenue Commissioners when examining the above mentioned claim.
Signed

SAFETY DISTRIBUTION CENTRE (SDC)	
From the attached list please choose the approved Safety Distribution Centre from which you intend to collect the PFD/PLB(s).	SDC Number:

COST	
(A) Number of integrated PFD/PLBs	
(B) Cost per item (€155 if your vessel is less than 15m, otherwise €190)	
<b>Total Cost</b>	<b>A x B</b>

Payment can be made by cheque, credit/debit card or by Electronic Funds Transfer (EFT). Please contact Denise Maloney on 01-2144209 or by e-mail:maloney@bim.ie if you wish to pay by credit/debit card or EFT.

## DECLARATION

"I declare that I am the registered owner of the aforementioned vessel and that the information I have provided in the application including licenses, certificates, declarations and any other supporting documentation are true to the best of my knowledge".

## How BIM will use your information

Information including PPSNs and other tax numbers used in the processing of this grant application will also be used in the processing of BIM's end of year returns and disclosed to Revenue as set out in the Code of Practice for the Governance of State Bodies (Department of Finance 2009).

Signature:	Date:
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## List of approved Safety Distribution Centres

Ireland East	1	ARD Products Yorke Street, Dundalk, Co. Louth	Karl McKeivitt karl@ardproducts.com +353 (0)42 9335600
	2	Marine Suppliers West Pier, Howth, Co. Dublin	Donald Quinn marinesuppliers@eircom.net +353 (0)1 8325835
	3	SOLAS Marine The Pier, Dun Laoghaire Harbour, Co. Dublin	Tom Whealan solasmarine@eircom.net +353 (0)87 2480278
	4	M A Healy & Co. Ltd. Wexford Road, Arklow, Co. Wicklow	Conor Byrne conor@mahealy.ie +353 (0)402 32116

Ireland South	5	Kehoe Marine Ltd. Hardware and Marine Supplies Kilmore Quay, Co. Wexford	Eugene Kehoe eugene@kehoemarine.ie +353 (0)53 9129803
	6	Marine Stores & Adventure The Harbour, Dunmore East, Co. Waterford	Rupert Musgrave rupert@dunmoreadventure.com +353 (0)51 383783
	7	M A Healy & Co. Ltd. Passage West, Co. Cork	Peter Good peter@mahealy.ie +353 (0)21 4841370/+353 (0)87 2571100
	8	CH Marine Frankfield Industrial Estate, Frankfield Road, Cork City	Stephen Hickey stephen@chmarine.com + 353 (0)21 4315700

Ireland South-West	<b>9</b>	Swan Net-Gundry Ltd. The Pier, Union Hall, Co. Cork	Donal McGuire donal@swannetgundry.com +353 (0)86 8241321
	<b>10</b>	CH Marine Nautic House, Marsh Road, Skibbereen, Co. Cork	Nicholas Bendon nicholas@chmarine.com +353 (0)28 23190
	<b>11</b>	Swan Net-Gundry Ltd. Dinnish Island, Castletownbere, Co. Cork	Rodney O'Sullivan rodney@swannetgundry.com +353 (0)87 2336344  Tony O'Sullivan tony@swannetgundry.com +353 (0)87 2541991
	<b>12</b>	Safety First Crossagala Industrial Park, Ballysimon Road, Limerick City	Seamus Clifford seamus@safetyfirst.ie +353 (0)87 2036339

Ireland West	<b>13</b>	Anchor Safety Ltd. Unit 24, Briar Hill Business Park, Ballybrit, Galway	Michael Conneely asltd@iol.ie +353 (0)91 770735
	<b>14</b>	Swan Net-Gundry Ltd. The Pier, Rossaveal, Co. Galway	Tony Moore tony@swannetgundry.com +353 (0)87 2484247
	<b>15</b>	ADV Safety Ltd. Unit 10B, Castlebar Retail Park, Breaffy Road, Castlebar, Co. Mayo	Cathal Irwin cathal@advssafety.com +353 (0)94 9027674

Ireland North-West	<b>16</b>	Swan Net-Gundry Ltd. Roshine, Killybegs, Co. Donegal	Malachy Murrin malachy@swannetgundry.com +353 (0)74 9731180
	<b>17</b>	Mooney Boats The Pier, Killybegs, Co. Donegal	Barry O'Hara barry@mooneyboats.ie +353 (0)74 9731152
	<b>18</b>	Sioen Ireland Gweedore Business Park, Derrybeg, Co. Donegal	Tony Browne tony.brown@sioen.be +353 (0)74 9531169
	<b>19</b>	Cavanagh Nets Drumaweir House, Greencastle, Co. Donegal	Laurence Cavanagh cavanaghnets@eircom.net +353 (0)74 9381178