



**The Bahamas Environment, Science & Technology (BEST) Commission  
The Ministry of The Environment and Housing**

**APPLICATION TO CONDUCT SCIENTIFIC RESEARCH IN THE BAHAMAS**

ALL INFORMATION SUPPLIED WILL BE TREATED AS CONFIDENTIAL

The Government of The Bahamas reserves the right to reject any or all applications.  
Any variation from the project details outlined in this application will require a separate permit.

**Section A:**

Date:

Proposed Research Dates:

Name of Applicant and Affiliated Institution:

Contact Information: Please include street & mailing address, phone number, fax number, e-mail address.

Title of Research Project:

Is this application to continue research on an on-going project?  Yes  No

Does your project intend to Import or Export any specimens?  Yes  No

If Yes, please note that a permit from the Animal Import Section of the Department of Agriculture will be necessary.  
Please dial 1-242-325-7509 for more information.

Does your project intend to Mark or Tag any specimens?  Yes  No

If Yes, please describe the method to be used and indicate the standards and procedures which are being adhered to (ie: USFWS).  
If not adhering to specific guidelines, please provide documentation supporting your chosen method.

**Project Description:** Please state purpose of research giving full details of proposed activities.

Please indicate location(s) where research is to be undertaken: (attach a map of location)

Please provide a description of carrier/vessel used to enter The Bahamas and entry/exit port:

Please list below equipment to be imported in connection with your project (for which duty-free exemption is sought)

Item Description:	Value:

Date, port & method of arrival of the equipment listed above:

If land-based stations are required, please provide full details of location, equipment to be installed & number of part-time/full-time staff:

Please provide the following information for each person expected to travel to The Bahamas in connection with the proposed research project. **Please also attach a Curriculum Vitae (CV) for each.**

If additional space is needed, please attach an extra sheet.

Name	
Date of Birth	
Sex	
Address	
Citizenship	
Passport Number	
Passport Expiration	

Name	
Date of Birth	
Sex	
Address	
Citizenship	
Passport Number	
Passport Expiration	

Name	
Date of Birth	
Sex	
Address	
Citizenship	
Passport Number	
Passport Expiration	

Please provide the name(s) and designation(s) of acting advisors to this project (where applicable).

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Samples of any questionnaires to be used in The Bahamas should be submitted with this application.

**All pages of this application should be returned to:**

By Mail:

The BEST Commission  
P.O. Box N-7132,  
Nassau, The Bahamas  
Tel: 1-242-322-4546  
Fax: 1-242-326-3509

By Courier:

The BEST Commission  
2nd Floor, West Wing,  
Dockendale House,  
West Bay Street,  
Nassau, The Bahamas

**Section B:**

This application for a permit to conduct scientific research in The Bahamas is subject to the following conditions:

1. I understand that all members of the project must abide by the laws of The Bahamas, while in The Bahamas.
2. I undertake to submit to the Government of The Bahamas three (3) copies of any published material resulting from this project. .
3. I agree that there shall be no commercialisation of the equipment or supplies imported under the terms of the permit applied for.
4. I agree to facilitate and provide food and accommodations, etc., for an observer participant should the Government of The Bahamas wish to nominate one.
5. I agree to export all equipment, etc., imported in connection with the permit applied for immediately upon completion of the project.
6. I undertake to report to the designated authorities before commencement of the project.
7. I understand that a research permit does not entitle the holder to conduct research upon private property without the permission of the occupier or owner.
8. I certify the contents of this application to be true and correct to the best of my knowledge.

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**Signature of Applicant**

**Please Print Name**