



Application #: _____

RESEARCH OPERATIONAL PERMIT

APPLICATION FORM

**This form is to be used by those facilities occurring on land ONLY*

Application requires Certificate of Environmental Clearance: Yes No

Application requires EIA: Yes No

Application requires EMP: Yes No

GENERAL INSTITUTION DETAILS

1. Name of Institution: _____

2. Island Location of Institution: _____

3. Institution Website Address: _____

Tick all that apply: New Business Change in Ownership Change in Location

Change in Name Change in Corporate Officers Change in Mailing Address

Occasional Cease Business Renewal Temporary Non-Profit/Organization

Incorporated Non-Profit Organization Commercial Organization

Other : _____

4. Applicant's Name: _____

5. Applicant's Address: _____

6. Applicant's Nationality: _____

7. Applicant's NIB#: _____

8. Applicant's Fax: _____

9. Applicant's Email: _____

10. Operation's Contact Person: _____

11. Operation's Contact Person's Telephone #: _____

12. Operation's Contact Person's Cellular #: _____

13. Operation's Contact Person Work Email: _____

14. Postal Address: _____

15. Institution Property Lot #: _____

16. GPS Coordinates for the Location: _____

17. Date of Last Inspection of Premises? _____

18. Describe Services Provided:

19. Has a Certificate of Occupancy been issued for the premises?

Yes No

Type: Permanent Temporary Date of Issuance: _____

20. Is your facility managed by a board or committee of individuals?

Yes No Other (Specify): _____

21. If your facility is managed by other entities identified in #20, please provide the names and address of these individuals (Supply as an attachment).

Yes attachment provided No attachment provided

22. Was your administrative or governing body previously charged/convicted of a criminal violation in The Bahamas? Yes No

23. If yes, please describe (Attach additional sheets if necessary):

24. Are any members of your administrative or governing board currently facing any impending criminal investigations/charges in or out of The Bahamas? Yes No

25. If yes, please describe (Attach additional sheets if applicable):

Please provide a copy of the following when submitting your application

1. Application Documentation (Attached)

1. Copy of Business License: Yes No
2. Copy of VAT Compliance: Yes No
3. Tax Compliance Certificate: Yes No
4. Copy of Liability Insurance: Yes No
5. VAT TIN Registration: Yes No
6. NGO Status Documentation (If applicable): Yes No
7. Any other relevant government issued documentation: Yes No
8. Good-Standing Certificate: Yes No
9. Copy of Non-Profit Organization Registration Certificate: Yes No

RESEARCH OPERATIONS

1. Please identify the areas of service provision which your organization offers:
Marine Terrestrial Cultural Geophysical Blue-Hole Documentary
Educational Other: _____
2. Established Institution Date: _____
3. Institution Description: _____
4. Finance Information on Period of Operation Prior Year: _____
5. Tick Which May Apply: Turnover Gross Premium _____
6. Tax Payable: _____
7. Revenue Generation Major Source: _____

Research Grant Provider	Areas of Focus	Value

8. Please specify any contractual obligations with which the facility is legally bound to for the next three (3) years:

9. Please Provide a List of All International Collaborative/Affiliate Associated Institutions or organizations.

10. Does the institution own the property where it is located? Yes No
If Yes, please attach certified copies of Proof of Ownership.

If No, please identify the owner of the property. Please attach supporting documents, (e.g., Lease). _____

11. List All Owners, Partners, Corporate Officers, Managers, Members, Board Members, etc. (If individual ownership, list only one owner.) Please provide information as indicated below for each. Attach additional sheets if needed.

Passport Number: _____

Name of Owner: _____

Nationality of Owner: _____

Residence Address (Street): _____

NIB #: _____

Percent Owned: _____

Settlement: _____

Island: _____

Telephone #: _____

12. Does your institution publish research findings? Yes No

13. Please provide a list of all researcher/s and their permit information who utilized the facility for the previous year in the table below:

Year 202__		
Permit Number	Lead Researcher	Area of Research

14. Does your facility own a home research vessel? Yes No

15. What are the specifications of the vessels? _____

Is the vessel rented to researchers? Yes No

16. How many researchers using your vessel last year were nationals? _____

17. How many researchers using your vessel last year were non-nationals? _____

18. How many marine researchers using your facility utilized foreign research vessels? _____

19. How many utilizing your facility were under a documentary permit? _____

20. How many documentary permits using your facility last year were nationals? _____

21. Was there any drone work done from your vessel last year? Yes No

22. How many drone work projects were done using your vessel last year? _____

23. Did your institution provide internship to Bahamian students? Yes No

24. Did your institution provide educational opportunities for Bahamian students last year?

Yes No

25. If yes, please provide details in the table below:

Year 202__		
Number of Students	Schools Name & Location	Educational Level

Comment: _____

26. Did your intuition engage in local community projects last year? Yes No

27. If Yes, please provide details in the table below

Special Local Community Projects	
Lead Agency	Project Objectives

28. Did your institution engage in filming or videography as part of this research prior year?

Yes No

If Yes, please indicate the use of the video and if the information was provided to others within and outside of the country and explain the purpose of sending the video to the individual.

Confidentiality

29. Do you consider any information provided here to be a trade secret or other confidential business information and that such information be omitted from the Register?

Yes No

If yes, please provide details:

Other relevant information:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Authorized Representative _____
Date

For Official Government use

Approved _____ Date _____

Not Approved _____ Date _____

Approved Permit # _____ Payment _____

STAMP/ SEAL

Signature _____

