

**APPLICATION FOR RENEWAL OF A LICENCE FOR A TOURISM ENTERPRISE
TO THE GRENADA TOURISM AUTHORITY, I HEREBY APPLY FOR THE RENEWAL OF A LICENCE UNDER
THE GRENADA TOURISM AUTHORITY ACT NO. 42 OF 2013
WATER SPORTS SERVICES**

Full Name of Applicant:- _____

Name of Company: _____

Boat Name: _____ **Licence No:** _____

Address:- _____ **Business Registration No.:-** _____

Tel No.:- _____ **Email Address: -** _____

Safety Equipment on Board: (a) Marine Radio (VHF) (d) GPS
(b) Flare guns (e) Life jacket (s) State amount _____
(c) Life ring (f) Other (Specify) _____

Passenger Carrying Capacity: _____ Number of Vessel(s) in Fleet: _____

Name of Employees (if Any): _____

Type of Water Sports Activity: -

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Parasailing | <input type="checkbox"/> Snorkeling |
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Sunfish Sailing | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Boat Excursion | <input type="checkbox"/> Other _____ |

Certification: -

Please Tick the Appropriate Box: -

- | | |
|---|--|
| <input type="checkbox"/> Cardio-Pulmonary Resuscitation (CPR) | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> PADI |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Other Specify _____ |

I the undersigned certify that the information given at the time of application for the obtaining of the licence has remained unchanged as at the date of the application for renewal of the licence.

SIGNATURE OF APPLICANT

DATE

DOCUMENT TO BE SUBMITTED WITH COMPLETED RENEWAL FORM

1. Copy of Inspection Report from the Grenada Ports Authority
2. Copy of Public Liability and Personal Accident Insurance indicating period of coverage
3. Valid First Aid & CPR Certificate
4. Ministry of Health COVID-19 Certificate of Inspection
5. Ministry of Health COVID-19 Certificate of Training
6. Copy of NIS Registration Card
7. Valid Licence from the Grenada Ports Authority

Date of Expiration _____

FOR OFFICIAL USE ONLY

Name of Company: _____

Receipt Details: _____

Amount Paid: _____ Payment Date: _____

Paid To: _____

Inspection Date: _____ Date Renewed: _____

Expiry Date: _____ Signature: _____