



ASSOCIATION DE GESTION DE LA RESERVE NATURELLE NATIONALE DE SAINT MARTIN 11 et 13 Rue Barbuda Hope estate / 0690507180 / reservenat.ashley@gmail.com

AUTHORISATION APPLICATION TO ENGAGE IN A BUSINESS ACTIVITY INSIDE THE NATURAL RESERVE OF SAINT-MARTIN

Details relating to the company Company name Legal status Head office address SIRET number Legal representative Phone # email Details relating to the company □ Scuba diving ☐ Snorkeling excursion or snorkeling gear ☐ Sail or motorboats charters, with or without a captain □ Non-motorized water sports, specify: ☐ Other: List of documents to be enclosed with the application: ☐ Liability insurance contract of the business activity □ Valid professional card ☐ Appendix – list of boats RESPONSE OF THE NATURE RESERVE RESPONSE OF THE DEPARTMENT OF THE SEA **Response Date Response Date NEGATIVE POSITIVE NEGATIVE POSITVE** Head of the Nature Reserve's signature and seal: Director's signature and seal:

APPENDIX / LIST OF BOATS

NAME OF THE BOAT	REGISTRATION NUMBER	INSURANCE COMPANY	POLICY NUMBER	HOME PORT OF THE BOAT	AVIS DM