

Saint-Martin National Nature Reserve / AGRNSM 11 and 13 Rue Barbuda, Hope Estate Tel: +590 690 507 180
Saint-Barthélemy Nature Reserve / ATE Fort Gustavia, Gustavia Tel: +590 590 278 818

I will file: autorisationreserves@agencedelenvironnement.fr

Application for Authorization to Conduct Discovery-Based Commercial Activities in the Nature Reserves of Saint-Martin and Saint-Barthélemy

Applications must be submitted in full to each of the managers of the areas concerned, during the valid submission periods set by the competent authorities and communicated via press release or email from the managers. Any incomplete application will not be considered. The applicant must ensure they obtain a dated acknowledgement of receipt from each of the managers concerned upon submission of their application.

Applicant:

Name of the organization:		Name, Surname Legal Representative	
Telephone:		email :	

Practice location(s):

☐ Saint-Martin Reserve

☐ Saint-Barthélemy Reserve

Activities offered by the company:

A/ Charter <input type="checkbox"/>	B/ Bareboat rental <input type="checkbox"/>	C/ Kayak rental <input type="checkbox"/>	D/ Loc. Paddle <input type="checkbox"/>	E/ Surf Place <input type="checkbox"/>	F/ Kite surfing place <input type="checkbox"/>	G/ Loc. Fun board <input type="checkbox"/>
H/ Loc. Hobie cat <input type="checkbox"/>	I/ Form. Kayaking <input type="checkbox"/>	J/ Form. Paddle <input type="checkbox"/>	K/ Form. Surf <input type="checkbox"/>	L/ Kite surfing <input type="checkbox"/>	M/ Form. Funboard <input type="checkbox"/>	
N/ Form. Hobie cat <input type="checkbox"/>	O/ Diving <input type="checkbox"/>	P/ Loc. Diving <input type="checkbox"/>	Q/ Form. Plongée <input type="checkbox"/>	R/ Snorkeling <input type="checkbox"/>	S/ Loc. Rando. Finée <input type="checkbox"/>	
T/ Other 1 <input type="checkbox"/>	U/ Other 2 <input type="checkbox"/>	V/ Other 3 <input type="checkbox"/>				
W/ Guided land hike <input type="checkbox"/>	X/ Activities with foil (which ones) <input type="checkbox"/>	Y/ Activities with electric propulsion <input type="checkbox"/>				

Documents to be provided to complete the application

Any company	- Complete Sheet 1 and 2/3 Legal representative's identity document - Valid insurance certificate for the requested period	<input type="checkbox"/>
Ships of Sint Maarten and Anguilla	- Request that your flag state authority send the Vessel Compliance Confirmation document to the Maritime Directorate.	<input type="checkbox"/>
Ships flying other flags and employing French sailors	- Registration and security certificate - Minimum staff - Sailors' certificates	<input type="checkbox"/>
Ships flying other flags and employing foreign seafarers;	- Safety certificate - Minimum staff - Letter from the flag state validating the sailors' certificates	<input type="checkbox"/>
Bareboat charter vessels;	- Handwritten and signed letter describing the vessel's operating method (bareboat charter, booking method, choice of captain...)	<input type="checkbox"/>
Business Establishments Physical and Sports (EAPS)	- Complete Form 3/3 + Request a list of documents to be provided to the DRAJES	<input type="checkbox"/>

Opinion of the relevant State Service:

Date of receipt:	/	/	/
Date of response:	/	/	/
Signature and stamp of the person in charge:			
<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable			

Reasons or comments:

<input type="checkbox"/>

Decision of the manager for the Saint-Martin National Nature Reserve (AGRNSM)

Date of receipt:	/	/	/
Date of response:	/	/	/
Signature and stamp of the person in charge:			
Period concerned: From 01/01/..... To 30/11/..... <input type="checkbox"/> Allowed <input type="checkbox"/>			

Manager's decision for RN Saint-Barthelemy (ATE)

Date of receipt:	/	/	/
Date of response:	/	/	/
Signature and stamp of the person in charge:			
Season concerned: From 01/01/..... To 31/12/..... <input type="checkbox"/> Allowed <input type="checkbox"/>			

Date of request:	/	/
Date of response:	/	/

Information sheet on sports activities Natural Saint-Barthélemy and Saint-Martin	Reserve
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Organization Name Legal						
Status (non-profit, SAS,						
Registered						
Office Address						
Email						
Telephone						
Operator's Insurance (name, address, telephone)	Please provide a copy of your current insurance certificate for each activity concerned.					
Activities Offered						
Equipment Rental	yes	no	yes	no	yes	no
Equipment Rental	yes	no	yes	no	yes	no
Supervisory Staff	yes	no	yes	no	yes	no
Description of Supervision (if paid)	Name	First name	Professional card number	Diploma(s)		
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Section reserved for administration				