



Fee: \$28.25
GST exempt
01/07/11-30/06/12
Processing time:
7 business days

FISH PROCESSOR REGISTRATION
Fisheries Management Act 2007
Fisheries Management (Fish Processors) Regulations 2007

**APPLICATION TO ADD / REMOVE PREMISES, VEHICLES
or VESSELS TO A PROCESSOR REGISTRATION**

PART 1 – APPLICANT DETAILS

1. Registration Number:
*Registration Holder:
Address:
..... Postcode
Telephone Number:
If registration is held by a company, the ACN:

*If registered business name/trading name is shown please ensure the details of the principal/owner are completed in the declaration below.

PART 2 – Registered Premises, Vehicle or Vessel to REMOVE

I /We hereby apply to have the following premises **removed** from the certificate of registration as fish processor:

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PIRSA FISHERIES & AQUACULTURE
Level 14, 25 Grenfell Street, Adelaide SA 5000
GPO Box 1625, Adelaide SA 5001
Telephone (08) 8204 1370 Facsimile (08) 8204 1388
Email PIRSA.FisheriesS&I@sa.gov.au
<http://www.pir.sa.gov.au/fisheries/home>

Lic.Holder init's

PART 3 – Registered Premises, Vehicle or Vessel to ADD

I /We hereby apply to register the following premises on the certificate of registration as fish processor:

Include the **trading name and address (not postal)** (or registered number if a vessel or vehicle) of all premises at which processing will be conducted and where fish are stored. Where the application relates to a private dwelling, please state which part of the premises relate to the processing activity. i.e. Shed at rear of property at Lot 123 Fish Road, ADELAIDE SA

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PART 4 - DECLARATION

I hereby apply for the above amendments to the fish processing registration.

I

of (address)

hereby certify that this application is to the best of my knowledge and belief true and accurate. I know that this information is to be used for the purpose of the administration of the *Fisheries Management Act 2007* and if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) I may be guilty of an offence.

Dated the of, 20

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness: