Government of South Australia
Department of Primary Industries and Regions

APPLICATION TO ADD / REMOVE E-BUSINESS CONTACT TO A FISHERY LICENCE

To access services through the myPIRSA portal, you must first be endorsed as an eBusiness contact on a licence.

eBusiness contacts can be nominated to act on behalf of the licence holder, granting them access to services within the myPIRSA portal within eCatch.

Please complete this form and return it to PIRSA Fisheries & Aquaculture to nominate the eBusiness contact(s) who will be endorsed to this licence.

Licence Number: .....

Name/Company of Licence Holder: .....

If licence is held by a company, name of director completing this form on behalf of company:.....

Nominated eBusiness contact(s) to be **ADDED** to the licence: (See page 2 for details)

1. Name:……..……..
2. Name:……..……..
3. Name:……..……..
4. Name:……..……..

Nominated eBusiness contact(s) to be **REMOVED** from the licence:

1. Name:……..……..
2. Name:……..……..
3. Name:……..……..
4. Name:……..……..

eBusiness Contact 1) Name ..... D.O.B. .....

Postal Address: ..... Postcode .....

Residential Address: ..... Postcode .....

Phone number:..... *(mobile).....(Work)

Email: ....

Signature.....

I consent to the eBusiness contact to have access to: (please tick below)

☐ Quota Balance Statements

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eBusiness Contact 2) Name ..... D.O.B. .....

Postal Address: ..... Postcode .....

Residential Address: ..... Postcode .....

Phone number:..... *(mobile).....(Work)

Email: ....

Signature.....

I consent to the eBusiness contact to have access to: (please tick below)

☐ Quota Balance Statements

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eBusiness Contact 3) Name ..... D.O.B. .....

Postal Address: ..... Postcode .....

Residential Address: ..... Postcode .....

Phone number:..... *(mobile).....(Work)

Email: ....

Signature.....

I consent to the eBusiness contact to have access to: (please tick below)

☐ Quota Balance Statements

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eBusiness Contact 4) Name ..... D.O.B. .....

Postal Address: ..... Postcode .....

Residential Address: ..... Postcode .....

Phone number:..... *(mobile).....(Work)

Email: ....

Signature.....

I consent to the eBusiness contact to have access to: (please tick below)

☐ Quota Balance Statements

DECLARATION OF LICENCE HOLDER

I ..... (Natural Person / Director)
(Full name of person completing this form – individual licence holder or company Director)

of *(address)* .....

hereby certify that this application is to the best of my knowledge and belief true and accurate.

Dated the ..... of ..... , 20.....

Signed: .....

Witnessed by: .....
(Full Name)

of .....
(address)

Signature of Witness:.....

PIRSA FISHERIES LICENSING
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