



ABALONE/BLUE CRAB FISHERIES
Fisheries Management Act 2007

CHANGE OF PROCESSOR NOMINATION FORM

Please complete this form and return it to PIRSA Fisheries & Aquaculture to nominate the registered fish processors to whom you will be consigning your catch.

Licence Number:

Name of Licence Holder:

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

It is a condition of all abalone/blue crab fishery licences that abalone/blue crab taken pursuant to that licence must be consigned to a nominated registered fish processor. Please nominate any processors you wish to be removed from your licence, or any processor you are nominating to be added to your licence conditions.

Nominated processor(s) to be REMOVED from licence:

- 1. Name:.....Registration No:.....
2. Name:.....Registration No:.....
3. Name:.....Registration No:.....
4. Name:.....Registration No:.....
5. Name:.....Registration No:.....

Nominated processor(s) to be ADDED to the licence:

- 1. Name:.....Registration No:.....
2. Name:.....Registration No:.....
3. Name:.....Registration No:.....
4. Name:.....Registration No:.....
5. Name:.....Registration No:.....

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

Licence Holders Initials

DECLARATION OF LICENCE HOLDER

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

of (address)

I am the licence holder of CZ/WZ/SZ Abalone Fishery licence number

I am the licence holder Blue Crab Fishery licence number.....

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:.....