



GSV PRAWN FISHERY
Fisheries Management Act 2007
Fisheries Management (Prawn Fisheries) Regulations 2017

APPLICATION FOR AMALGAMATED GEAR

GSV Prawn Fishery Licence Number:

Name of Licence Holder who is applying for approval to use amalgamated gear:
.....

Telephone Number:

Email Address:

Indicate the number of GSV Prawn units held as at the date of this application:

GSV Prawn Units Class A.....

GSV Prawn Units Class B.....

Please note: The minimum number of combined units required to amalgamate the licence are 180 units.

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

hereby certify that the information contained in this declaration 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 that if it is false or misleading in a material particular (whether by reason of inclusion or omission of any particular) that I may be guilty of an offence.

Dated the of, 20

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness:

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