Coastal Line Fishery - Monthly market notice

LICENCE No: **A1/**_____ APPROVED OPERATORS NAME: _____

MONTH: _____ YEAR: _____ **NIL RETURN** (tick, if appropriate): ☐

MONTHLY MARKET DETAILS

SPECIES (Specify)	CUT (trunk/fillet/G&G/whole/ swim bladder)	WEIGHT SOLD (kg)	STORAGE (fresh/frozen)	VALUE ($ / KG)	DESTINATION	
					TRADERS NAME or LICENCE	STATE

Official use only

COMMENTS:_____

I _____ **declare that the information on this return is true and accurate.**
(print operator's name)

SIGNATURE OF APPROVED OPERATOR:_____ **DATE:**_____/_____/_____

NORTHERN TERRITORY GOVERNMENT