

Pearl Oyster Fishery Monthly Summary

MONTH: YEAR: LICENCE No. NAME OF LICENCE HOLDER: (operator's name) NIL:

Monthly Marketing Details

Mother Of Pearl or Pearl Meat (Specify)	STORAGE Frozen/Dried	WEIGHT kg	VALUE \$/ kg	DESTINATION	
				INTERSTATE or OVERSEAS (Specify state or country)	NT TRADERS NAME/LIC No. or PUBLIC

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

SIGNATURE OF LICENCE HOLDER (operator's signature): _____ DATE: / /

Official Use Only	

