

THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT AQUARIUM FISHING/DISPLAY FISHERY LICENCE

CITES LISTED SPECIES

(As Listed in Schedule 1 and 2 of the licence conditions)

LICENCE NO: **A12/** _____ LICENCE HOLDER NAME (operator's name): _____

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

VESSEL REGO NO.: _____ NO. OF TENDERS: _____ NO. OF FISHERS ACTIVE: _____

TRIP LOG

START DATE	END DATE	No. OF HOURS FISHED	AVERAGE COLLECTION DEPTH	*LATITUDE	*LONGITUDE
				S _ ° _ ' _ "	E _ ° _ ' _ "

*If additional harvesting takes place more than 1 nm (from the lat/long recorded above) a new form must be completed.

Species	Number of Pieces Harvested	Total Weight (grams)
Live Rock	NA	
<i>Tridacna squamosa</i>		NA
<i>Tridacna maxima</i>		NA
<i>Acanthasea echinata</i>		
<i>Cynarina lacrymalis</i>		
<i>Duncanopsammia axifuga</i>		
<i>Euphyllia ancora</i>		
<i>Euphyllia glabrescens</i>		
<i>Euphyllia paraancora</i>		
<i>Heliofungia actiniformis</i>		
<i>Micromussa diminuta</i>		
<i>Moseleya latistellata</i>		
<i>Plerogyra sinuosa</i>		

Continue on next page if required.

I _____ (print operator's name) declare that the information on this return is true and accurate, including to the best of my knowledge, identification of coral species.

official use only

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

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Continue on this page if required.

Part B

Species	Quantity Harvested	Total Weight (grams)

I _____ (print operator's name) **declare that the information on this return is true and accurate, including to the best of my knowledge, identification of coral species.**

official use only

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