THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT
MOLLUSC FISHERY

LICENCE No: **A9/**_____ LICENCE HOLDER NAME (operator's name): _____

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

VESSEL REGO No's: _____ PORT OF LANDING: _____ TOTAL DAYS FISHED:_____

CATCH DETAILS

GRID NUMBER									
AREA (specify)									
FISHING METHOD									
START DATE	FINISH DATE								
CATCH (list species)		WEIGHT (kg)	NUMBER	WEIGHT (kg)	NUMBER	WEIGHT (kg)	NUMBER	WEIGHT (kg)	NUMBER

* (whole, meat only, half shell, etc)

MARKET DETAILS

PRODUCT SOLD (list species)	FORM*	STORAGE (fresh, frozen, etc)	WEIGHT SOLD (kg)	DESTINATION	
				N.T. (public or traders no.)	INTERSTATE (state and traders name)

official use only

COMMENTS:_____

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

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

NORTHERN TERRITORY GOVERNMENT