

**THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT
OFFSHORE NET AND LINE FISHERY MONTHLY SUMMARY**

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

TRIP MARKETING DETAILS

PRODUCT NAME (shark, mackerel, etc)	CUT Whole/Trunk/Fins/etc	STORAGE Frozen/On Ice/etc	CUT WEIGHT kg	VALUE \$ / kg	PORT OF LANDING	*TRIP NUMBER	DESTINATION	
							STATE	TRADERS NAME/LIC NO.

If not fishing in the Offshore Net and Line Fishery for an extended period, please specify the period. TO

WEATHER BREAKDOWN OTHER FISHING IF OTHER FISHING or OTHER PLEASE SPECIFY

STEAMING SEARCHING OTHER

*Trip No. with month and year eg.2-4/11

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

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

DATE: ____/____/____

OFFICAL USE ONLY



MONTH:

LICENCE NO.:

OFFSHORE NET AND LINE FISHERY TRIP MARKETING DETAILS

PRODUCT NAME <small>(shark, mackerel, etc)</small>	CUT <small>Whole/Trunk/Fins/etc</small>	STORAGE <small>Frozen/On Ice/etc</small>	CUT WEIGHT <small>kg</small>	VALUE <small>\$/ kg</small>	PORT OF LANDING	*TRIP NUMBER	DESTINATION	
							STATE	TRADERS NAME/LIC NO.

*Trip No. with month and year eg.2-4/11

I _____ declare that the information on this return is true and accurate.

(print operator's name)

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

OFFICIAL USE ONLY

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