

THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT

PUBLIC AQUARIUM FISHERY LICENCE

LICENCE HOLDER NAME (operator's name): _____
 LICENCE NO: **D5/** _____ MONTH: _____ YEAR: _____

VESSEL _____
 REGO No.: _____

TOTAL DAYS HARVESTING: _____

NUMBER OF ASSISTANTS: _____

STOCK IN																
HARVEST FROM WILD				NIL RETURN				PURCHASES				NIL RETURN				
LATITUDE	°	′	″	°	′	″	°	′	″	Species	Quantity	Maturity	Licence Number or Trading Name of Supplier	Code	Total Value (\$)	
LONGITUDE	°	′	″	°	′	″	°	′	″							
AREA																
FISHING METHOD																
DAYS HARVESTING																
Species	Quantity	Maturity	Total Mortalities	Species	Quantity	Maturity	Total Mortalities									

Official Use Only

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

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

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