# THE NORTHERN TERRITORY OF AUSTRALIA – FISHERIES ACT

# AQUARIUM FISHING/DISPLAY FISHERY LICENCE

**NON-CITES LISTED SPECIES**

**(Species not listed in Schedule 1 and 2 of the Licence conditions)**

|  |  |  |  |  |  |  |
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| 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** | **\*LATITUDE** | | **\*LONGITUDE** | |
|  |  |  | S\_ \_° | \_ \_ . \_ \_ ‘ | E\_ \_ \_° | \_ \_.\_ \_ ‘ |

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

Use Part B to record any CITES-listed species

Contact Data Services if you require additional forms

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| **Species** | **Fishing Method** | **Quantity Harvested** |
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| **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.**  **SIGNATURE OF LICENCE HOLDER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_/\_\_\_\_/\_\_\_\_  (operator’s signature) |  | |
| official use only | |
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| **Species** | **Fishing Method** | **Quantity Harvested** |
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| **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.**  **SIGNATURE OF LICENCE HOLDER:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_/\_\_\_\_/\_\_\_\_  (operator’s signature) |  | |
| official use only | |
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