FORM 15 – Application for a Fish Receivers’ (Scallop) Licence

# Applicant details

Company name (if applicable – see attached overleaf)

Applicant’s full name (or company nominee)

Date of birth

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Residential address (cannot be a post office)

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Postal address

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Home phone number Fax number

Work phone number Mobile phone number

Email address

# Premises details

# Address of processing premises:

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# Checklist

# Have you?

Paid the application fee (refer to Applicant Information Sheet)

If this application is in the name of a company, enclose a current ASIC company statement (extracted from the ASIC database within 6 months)

Completed the Fit & Proper Person form.

Provided a National Police Certificate for the individual applying (or for each Director if the application is in the name of a company).

# Declaration

By signing this document you certify that the information contained in this application is true, correct and complete, and that you have read and understood the information sheet for applicants.

Failure to include any material matter with the result that the information provided is misleading, or providing false or misleading information in a material detail may result in prosecution under section 119A, 119B or 148(7) of the *Fisheries Act 1995*.

Signature Dated

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