FORM 24 – Application for transfer of rock lobster pots

Please select the type of transfer you are applying for

Please 🗹 tick the appropriate box:

Temporary (will be automatically reallocated at the

end of the licensing year)

Permanent (will NOT be automatically reallocated at

the end of the licensing year)

# Purchaser of Pots

RL licence number Number of pots transferred

**RL**

Company name (if applicable)

Holder’s full name (or company nominee)

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

Date of birth Signature Dated

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Please refer to the Declaration section on this document.

Vendor (seller) of Pots

RL licence number Number of pots transferred

**RL**

Company name (if applicable)

Holder’s full name (or company nominee)

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

Date of birth Signature Dated

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Please refer to the Declaration section on this document.

# Checklist

# Have you?

Paid the appropriate fee (refer to Applicant Information Sheet

Submitted both original seller AND buyer Rock

Lobster Fishery Access Licences

Read the Applicant Information Sheet

# 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*.