FORM 18 – Application for registration of a coff

# Licence Number

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# Licence Holder details

Company name (if applicable – see attached overleaf)

Applicant’s full name (or company nominee)

**/ /**

Date of birth

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

# Location of Coff/s

Please provide longitude and latitude coordinates and/or physical description of the location.

COFF 1

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COFF 2

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COFF 3

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# Checklist

# Have you?

Read the attached Applicant Information Sheet

Paid the appropriate fee (refer to Applicant Information Sheet)

Forwarded your current Rock Lobster Licence

# 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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