FORM 27 – Application for transfer of scallop quota

 **kg**

Amount of kilograms of Scallop Quota

**OS**

TO:

**OS**

FROM:

For the licensing year

# Transferee details (buyer of quota)

 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.

Transferor details (seller of quota)

 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.

# 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*.

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