

SOUTH WALES SEA FISHERIES COMMITTEE



Application for Authorisation to Remove Undersized Mussels Using a Vessel from the SWSFC District

NB: This application should be completed, detailing only the person(s) who it is intended shall actively remove undersized mussels using the specified vessel.

A. Name: _____

Address: _____

Tel. No: (inc STD code): _____

Signed: _____ Dated: _____

* Name: _____

Address: _____

Tel. No: (inc STD code): _____

Signed: _____ Dated: _____

* Name: _____

Address: _____

Tel. No: (inc STD code): _____

Signed: _____ Dated: _____

B. Application to remove tonnes of mussels over period.
Commencing Location of mussel seed which it is intended be collected
..... Destination of mussel seed. (Harbour landing points/Several or
public lays).....

C. Specified Vessel:

Name of Vessel _____ Reg Port letters & Numbers _____

Hold capacity _____ Registered Length _____ Overall length _____

Description of dredges _____

Owners as Registered under Merchant Shipping Act 1989, 1995 _____

Owners Address & Telephone Number _____

Signed: _____ Dated: _____

I the above declare that the above details as entered by me are true to the best of my knowledge and belief, and acknowledge that in the event they are false it shall render any authorisation which may be issued in pursuance of them to be null and void.

Please return completed form to:

SWSFC, Riverside Centre, Pipehouse Wharf, Morfa Road, Swansea, SA1 2EN. Tel: (01792) 654466 Fax: (01792) 645987

fsh014