 **LIVE SHELLFISH MOLLUSCS**

 **REGISTRATION DOCUMENT REQUEST FORM**

**Requests for Registration Documents should be made at least 7 days prior to requirement**.

A maximum of 10 documents can be issued at each request. New documents will not be issued until harvesters return pink copies.

Please complete and return this form to:

|  |
| --- |
| **DUMFRIES AND GALLOWAY COUNCIL** **Environmental Health****Militia House** **English Street** **DUMFRIES** **DG1 2HR**Or e-mail to: EnvironmentalHealth@dumgal.gov.ukIf you require any help phone: 030 3333 3000 |

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF GATHERER:** |  |
| **TELEPHONE NUMBER:** |  |
| **EMAIL ADDRESS:** |
| **SPECIES GATHERED:** |  |
| **NUMBER OF DOCUMENTS REQUESTED:** |   |
| **LOCATION OF AREA:** |  |
| **CLASSIFICATION OF AREA:** |  |
| **VESSEL NAME AND PLN:** |  |
| **RAZOR FISH LICENCE NUMBER (Razors Only):** |  |
| **DATE OF REQUEST:** |  |  |
| **NAME OF PERSON/COMPANY AND ADDRESS DOCUMENTS IS TO BE ISSUED TO:** |  |
| **ADDRESS DOCUMENTS TO BE MAILED TO:****DOCUMENTS ARE ONLY BEING MAILED OUT AT THE MOMENT DUE TO CURRENT RESTRICTIONS** |  |
| **FOOD AUTHORITY WHERE MOLLUSCS ARE TO BE LANDED:** |  |
| **DESTINATION OF SHELLFISH BEING MOVED (INC APPROVAL NUMBER IF APPLICABLE)** |  |

**PLEASE NOTE: ANY SHELLFISH FROM CLASS B WATERS MUST GO TO AN APPROVED DEPURATION FACILITY**