

**Application to Register an Aquaculture Establishment**

**Please read the guidance notes before completing this application form. You must complete all relevant sections before it will be accepted. Additional information may be requested following receipt of your application. If this application is for more than one site, please complete an additional application(s).**

**Section 1 – Applicant**

|  |  |  |
| --- | --- | --- |
| **Name, Contact Details** | **Title** |  |
| **Name** |  |
| **Address** |  |
|  |
|  |
| **Position in Business** |  |
| **E-mail** |  |
| **Telephone** | **Landline** |  |
|  | **Mobile** |  |
| **Details of Other Sites Owned/Operated:** |

**Section 2 – Landowner of the Site (If Not Applicant)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |
|  |
| **Telephone**  | **Landline**  |  |
| **Mobile** |  |

**Section 3 – Operator (If Not Applicant)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |
|  |
| **Contact Details** |  |
| **Details of Other Sites Owned/Operated:** |

**Section 4 – Establishment**

|  |  |
| --- | --- |
| **Type of Establishment** |  |
| **Site Name** |  |
| **Site Address** |  |
| **Site Co-ordinates OS Grid Reference Centre Point (Land Based). Please provide a map showing site location - include any other relevant information to support you application** |  |
| **Type of production Carried Out at the Establishment** |  |
| **Description of Site, Facilities & Equipment** **Recirculation/Gravity Flow****(Detail Water Supply, Discharge & Drainage)****If this application is for a Put & Take Fishery;**1. **If there is an inlet waterway does it have a screen to prevent the escape of stocked fish?**
2. **Does the outlet waterway have a screen to prevent the escape of stocked fish?**
 |  |
| **Intended Operational Date**  |  |

**Section 5 – Aquaculture Animal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aquaculture Animals to be kept at the Establishment** | **Species** | **Category** | **Quantity (Number or Weight)** | **Maximum Capacity** **(Number or Weight)** |
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| **Period of Occupation**  |  |

**Section 6 – Risk**

Please detail below any information relevant to your application, which will assist the Department in determining the risk of spread of disease posed by the Establishment.

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|  |

**Section 7 – Supporting Documentation**

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| --- | --- |
| **Documents** | **Please Tick √** |
| Site map showing location, boundaries |  |
| Biosecurity Plan |  |
| Photographs, where applicable  |  |
| **Please Specify Other Supporting Documentation, As Necessary:** |  |
|  |  |
|  |  |

**Section 8 – Declaration**

I, the undersigned, declare that-

* To the best of my knowledge and belief, the information I have given in this application form is correct and complete.
* I have read the associated Guidance Notes and understand my responsibility to comply with the requirements detailed in any registration subsequently issued by the Department.
* I have enclosed, with my application, the supporting documentation detailed in Section 7.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |

**Section 9 – Data Protection/Freedom of Information**

The Department takes data protection, freedom of information and environmental information issues seriously. It takes care to ensure that any personal information received from you is dealt with in a way which complies with the requirements of the UK General Data Protection Regulation (2016). This means that any personal information you supply will be processed principally for the purpose for which it has been provided. However, the Department is under a duty to protect the public funds it administers, and to this end may use the information you have provided for this purpose. A full copy of the DAERA Privacy Statement can be found here: <https://www.daera-ni.gov.uk/daera-privacy-statement>

**Section 10 – What to Do Now**

The fully completed application form, signed and dated, should be submitted, with any supporting documentation, by email to: Fish.Health@daera-ni.gov.uk

**For further information telephone: 028 4461 8089 or e-mail** Fish.Health@daera-ni.gov.uk

**The Department cannot process your application until all relevant information and supporting documentation is received.**

**For DAERA Use Only**

**Application to Register an Aquaculture Establishment**

|  |  |  |
| --- | --- | --- |
|  | Date | Initials |
| Date Application Received |  |  |
| Date Application Acknowledged |  |  |