

**APPLICATION FOR AUTHORISATION OF AN AQUACULTURE PRODUCTION
BUSINESS (APB) UNDER
THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009**

The Aquatic Animal Health (Scotland) Regulations 2009 ('the 2009 Regulations') require all Aquaculture Production Businesses (APB's) to be authorised by Scottish Ministers.

Please read the accompanying guidance notes before completing this form.

1. Business details

Business name												
CEO/ Owner title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
CEO/ Owner name(s) (in full)												
Address												
											Postcode	
Telephone no											Fax no	
Other tel No											Mobile no	
e-mail												
Website												
Companies House registration no											No of aquaculture sites currently owned/ operated	

2. Business contact details (the person to whom any correspondence is sent)

Business contact title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name(s) in full												
Position												
Address												
											Postcode	
Telephone no											Fax no	
Other tel No											Mobile no	
e-mail												

(Continued overleaf)

REGULATION 9 OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 REQUIRES OPERATORS (OF APB's) TO APPLY TO SCOTTISH MINISTERS, IN WRITING, FOR ANY AMENDMENT TO INFORMATION SUPPLIED IN THIS APPLICATION, PRIOR TO THE AMENDMENT.

For this purpose, it is recommended that a copy of your application is retained for your records.

REGULATION 8(5) OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 MAKES IT AN OFFENCE FOR A PERSON TO MAKE A STATEMENT IN AN APPLICATION THAT IS FALSE, AND WHICH THAT PERSON KNOWS OR SUSPECTS IS FALSE.

I declare that the information I have supplied is accurate to the best of my knowledge.			
Signature:		Date:	
Name:		Position held:	

Checklist:

Please indicate if (✓) the following have been included before sending (if applicable)	
An 'Aquatic animal holding site details form' for each site operated	<input type="checkbox"/>
An 'Application to Register as a Specialist Transporter'	<input type="checkbox"/>
An 'Application to become an Authorised Processing Establishment (APE)'	<input type="checkbox"/>

For official use only

Authorisation no:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date authorised:	<input type="text"/>	<input type="text"/>	INITIAL

	Marine Scotland, Marine Laboratory, PO Box 101, 375 Victoria Road, Aberdeen , AB11 9DB. Tel +44 (0)1224 876544, Fax +44 (0) 1224 295620 www.scotland.gov.uk/marinescotland
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