



Catch Tagging Form Document Numbers

• **CATCH / HARVEST SECTION** - Tick and complete only one part

<input type="checkbox"/> For Wild Fishery	Name of Catching Vessel	Registration Number	Flag State/Fishing Entity
Or			
<input type="checkbox"/> For Farmed SBT	CCSBT Farm Serial Number	Name of Farm	
		Document Number(s) of associated Farm Stocking (FS) Form(s)	

Description of Fish

Product: F (Fresh) / FR (Frozen)	Type: RD/GGO/GGT/DRO/DRT/FL/OT*	Month of Catch/ Harvest (mm/yy)	Gear Code	CCSBT Statistical Area	Net Weight (kg)	Total Number of whole Fish (including RD/GGO/GGT/DRO/DRT)
* For Other (OT): Describe the Type of Product			* For Other (OT): Specify Conversion Factor			

Name of Processing Establishment (if applicable)	Address of Processing Establishment (if applicable)
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Validation by Authority (not required for exports transhipped at sea): I validate that the above information is complete, true and correct to the best of my knowledge and belief.

Name and Title	Signature
	Date

OFFICIAL
SEAL

• **INTERMEDIATE PRODUCT DESTINATION SECTION** - (only for transhipments and/or exports) - tick and complete required part(s)

<input type="checkbox"/> Transhipment	Certification by Master of Fishing Vessel: I certify that the catch/harvest information is complete, true and correct to the best of my knowledge and belief.		
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Name	Date	Signature
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Name of Receiving Vessel	Registration Number	Flag State/Fishing Entity
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Certification by Master of Receiving Vessel: I certify that the above information is complete, true and correct to the best of my knowledge and belief.		
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Name	Date	Signature
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Signature of Observer (only for transhipment at sea):		
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Name	Date	Signature
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<input type="checkbox"/> Export	Point of Export*			Destination (State/Fishing Entity)
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City	State or Province	State/Fishing Entity		
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* For transhipments on the high seas, enter the CCSBT Statistical Area instead of State/Fishing Entity and leave other fields blank.

Certification by Exporter: I certify that the above information is complete, true and correct to the best of my knowledge and belief.			
Name	Licence No. / Company Name	Date	Signature

Validation by Authority: I validate that the above information is complete, true and correct to the best of my knowledge and belief.			
Name and Title	Signature		
	Date		

OFFICIAL
SEAL

• **FINAL PRODUCT DESTINATION SECTION** - tick and complete only one destination

<input type="checkbox"/> Landing of Domestic Product for Domestic sale.	Certification of Domestic Sale: I certify that the above information is complete, true and correct to the best of my knowledge and belief.				
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Name	Address	Date	Signature	Type: RD/GGO/GGT/DRO/DRT/FL/OT	Weight (kg)
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<input type="checkbox"/> Import	Final Point of Import				
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City	State or Province	State/Fishing Entity			
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Certification by Importer: I certify that the above information is complete, true and correct to the best of my knowledge and belief.					
Name	Address	Date	Signature	Type: RD/GGO/GGT/DRO/DRT/FL/OT	Weight (Kg)