**LIVE SHELLFISH REGISTRATION REQUEST FORM**

Requests for Shellfish Registration Documents should be made at least 3 working 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 by post or by hand to either:

Argyll and Bute Council

Development and Economic Growth

Environmental Health Department

Municipal Buildings

Albany Street

Oban

Argyll

PA34 4AW

Argyll and Bute Council

Development and Economic Growth

Environmental Health Department

Kilmory Castle \*

Lochgilphead

Argyll

PA31 8RT

\* Note change of address

Or email to

[envhealth@argyll-bute.gov.uk](mailto:envhealth@argyll-bute.gov.uk)

**Please note that all requested documents will be sent out by second class post.**

If you require any further help please contact us: **01546 605519**

|  |  |
| --- | --- |
| NAME AND ADDRESS OF GATHERER: |  |
| TELEPHONE NUMBER: |  |
| CURRENT MOBILE NUMBER: |  |
| EMAIL ADDRESS: |  |
| SPECIES GATHERED: |  |
| NUMBER OF DOCUMENTS REQUESTED: |  |
| INTENDED DATE OF GATHERING |  |
| 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 ARE TO BE ISSUED TO: |  |
| MAILING ADDRESS IF DIFFERENT TO ABOVE: |  |
| LOCAL AUTHORITY WHERE SHELLFISH ARE TO BE LANDED: |  |
| DESTINATION OF SHELLFISH BEING MOVED  (INC APPROVAL NUMBER) |  |

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

FOR OFFICE USE ONLY:

Date Received:

Date Documents Dispatched: