



Catch Tagging Form Document Numbers

CATCH / HARVEST SECTION - Tick and complete only one part

For Wild Fishery Name of Catching Vessel _____ Registration Number _____ Flag State/Fishing Entity _____

Or

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) _____

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)

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.

Name _____ Date _____ Signature _____

Name of Receiving Vessel _____ Registration Number _____ Flag State/Fishing Entity _____

And / Or

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.

Name _____ Date _____ Signature _____

Signature **of Observer (only for transhipment at sea)**:

Name _____ Date _____ Signature _____

Export **Point of Export*** City _____ State or Province _____ State/Fishing Entity _____ **Destination (State/Fishing Entity)** _____

* 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

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.

Name _____ Address _____ Date _____ Weight (kg) _____ Signature _____

Import **Final Point of Import** City _____ State or Province _____ State/Fishing Entity _____

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 _____