



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
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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 transshipments and/or exports) - tick and complete required part(s)

<input type="checkbox"/> Transshipment	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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↑
And /
Or
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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.

Name	Date	Signature
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Signature **of Observer (only for transshipment at sea)**:

Name	Date	Signature
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<input type="checkbox"/> Export	Point of Export*			Destination (State/Fishing Entity)
City	State or Province	State/Fishing Entity		

* For transshipments 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
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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.			
Name	Address	Date	Weight (kg)	Signature

<input type="checkbox"/> 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
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