

APPLICATION TO REGISTER AN AQUACULTURE BUSINESS OPERATING NON-COMMERCIAL INSTALLATIONS (NCB) IN ACCORDANCE WITH THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009

The Aquatic Animal He alth (Scotland) Regulations 2009 ('the 2009 Regulations') require all aquaculture businesses operating non-commercial installations (NCB's) to be registered by Scottish Ministers.

Please read the accompanying guidance notes before completing this form. (Read our <u>privacy notice</u> to find out what we do with your information.)

1. Business details												
Business name												
Nature of business (e.g. research establishment)												
CEO/ owner etc. title	Mr		Mrs		Miss		Ms		Dr		Other	
CEO/ owner etc. name(s) (in full)								•	•	•		
Address												
						Postcode						
Telephone no						Fax no						
Other telephone no						Mobile no						
e-mail												
Website												
Companies House registration no	No of sites holding aquatic animals currently owned/											
registration no	animals currently of operated							y O	WIICU/			
						ope	rated					
2. Business contact person det	ails (t	ne	persor	n to						enc	e is sen	<u>t)</u>
Business contact person det Business contact title	ails (tl	ne	persor Mrs	n to						enc	e is sen	<u>t)</u>
	г	ne		n to	whom		corre		oonde	enc		t)
Business contact title	г	ne		n to	whom		corre		oonde	enc		t)
Business contact title Name(s) (in full)	г	ne		n to	whom		corre		oonde	enc		<u>t)</u>
Business contact title Name(s) (in full) Position	г	ne		n to	whom		corre		oonde	enc		<u>t)</u>
Business contact title Name(s) (in full) Position	г	he		n to	Miss	any	corre	est	oonde	enc		t)
Business contact title Name(s) (in full) Position	г	ne		n to	Miss	any	Ms Stoode	est	oonde	enc		<u>t)</u>
Business contact title Name(s) (in full) Position Address Telephone no Other telephone no	г	ne		n to	Miss	Pos	Ms Stoode	esr	oonde	enc		<u>t)</u>
Business contact title Name(s) (in full) Position Address Telephone no	г	he		n to	Miss	Pos	Ms	esr	oonde	enc		<u>t)</u>
Business contact title Name(s) (in full) Position Address Telephone no Other telephone no	г	ne		n to	Miss	Pos	Ms	esr	oonde	enc		<u>t)</u>

The Marine Directorate, Marine Laboratory, 375 Victoria Road, Aberdeen, AB11

ms.fishhealth@gov.scot https://www.gov.scot/policies/fish-health-inspectorate/

9DB. Tel +44 (0)131 2442500, Fax +44 (0)131 2440944, Email

REGULATION 12(4) AND 12(5) OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 MAKE IT AN OFFENCE FOR AN OPERATOR (OF A NCB) TO FAIL TO NOTIFY SCOTTISH MINISTERS, IN WRITING, OF ANY CHANGE TO INFORMATION SUPPLIED IN THIS APPLICATION, WITHIN 30 DAYS OF THE CHANGE.

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

REGULATION 12(6) OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 MAKES IT AN OFFENCE FOR A PERSON TO PROVIDE INFORMATION 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:			
Chacklist										
Checklist:										
Please indicate if (✓) the following have been included before sending (if applicable)										
An 'Aquatic animal holding site details form' for each site operated										
An 'Application to Register as a Specialist Transporter'										
										<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	_									
For official us	se only									
Registration	no:						Date Registere	d:	INI	TIAL
									 •	

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