

**APPLICATION FOR AUTHORISATION OF A PROCESSING ESTABLISHMENT  
(APE) UNDER  
THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009**

Regulation 5 (as read with regulation 7 of) The Aquatic Animal Health (Scotland) Regulations 2009 (“the 2009 Regulations”) require processing establishments (APE’s) **(involved with aquaculture animals slaughtered for disease control purposes)** to be authorised by the Scottish Ministers. (Read our [privacy notice](#) to find out what we do with your information.)

Please read the accompanying guidance notes before completing this form.

**1. Business details**

<b>Business name</b>												
<b>CEO/ owner title</b>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>CEO/ owner name(s) in full</b>												
<b>Address</b>												
											<b>Postcode</b>	
<b>Telephone no</b>											<b>Fax no</b>	
<b>Mobile no</b>												
<b>e-mail</b>												
<b>Web site</b>												
<b>Companies House registration no</b>												

**2. Business contact person details (if different from above)**

<b>Contact person title</b>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Name(s) in full</b>												
<b>Position</b>												
<b>Address</b>												
											<b>Postcode</b>	
<b>Telephone no</b>											<b>Fax no</b>	
<b>Other telephone no</b>											<b>Mobile no</b>	
<b>e-mail</b>												

### 3. Processing site manager details (if different from above)

Site manager title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
Site manager name(s) in full												
Site postal address												
											Postcode	
Telephone no											Fax no	
Mobile no												
e-mail												
Site grid reference												
Approval number in accordance with REGULATION (EC) No 853/2004 (laying down specific hygiene rules for food of animal origin).												

### 4. Processing site contact person details (if different from above)

Site contact title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
Site contact name(s) in full												
Position												
Address												
											Postcode	
Telephone no											Fax no	
Other telephone no											Mobile no	
e-mail												

### 5. Processing practices and water effluent treatment system

Species of aquaculture animals processed													
Species of wild aquatic animals processed													
Is all effluent <i>filtered</i> prior to discharge?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:													
Is all effluent <i>disinfected</i> prior to discharge? (please tick)										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details													
Effluent discharge destination													

Please detail any additional information overleaf.

**PRIOR TO AUTHORISATION OF A PROCESSING ESTABLISHMENT, THE ESTABLISHMENT WILL BE INSPECTED BY THE FISH HEALTH INSPECTORATE (FHI) TO ASSESS WHETHER THE SITE CAN MEET CERTAIN RECORD KEEPING AND BIO-SECURITY REQUIREMENTS. THESE REQUIREMENTS ARE OUTLINED ON THE MARINE SCOTLAND WEB SITE (<http://www.gov.scot/Topics/marine/Fish-Shellfish/FHI/authorisation/ape>)**

**YOU WILL BE CONTACTED BY THE FHI FOLLOWING SUBMISSION OF THIS FORM TO ARRANGE AN INSPECTION FOR THIS PURPOSE.**

**REGULATION 9 OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 REQUIRES OPERATORS (OF APE's) TO APPLY TO SCOTTISH MINISTERS, IN WRITING, FOR ANY AMENDMENT TO INFORMATION SUPPLIED IN THIS APPLICATION, PRIOR TO THE AMENDMENT.**

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

**IN TERMS OF REGULATION 8(5) OF THE 2009 REGULATIONS, IT IS AN OFFENCE FOR A PERSON TO MAKE A STATEMENT IN AN APPLICATION THAT IS FALSE, AND WHICH THAT PERSON KNOWS OR SUSPECTS IS FALSE.**

<b>I declare that the information I have supplied is accurate to the best of my knowledge.</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Position held:</b>	

**For official use only**

<b>Authorisation no:</b>								<b>Date authorised:</b>			<b>INITIAL</b>

	Marine Scotland, Marine Laboratory, 375 Victoria Road, Aberdeen, AB11 9DB. Tel +44 (0)131 2442500, Fax +44 (0)131 2440944, Email <a href="mailto:ms.fishhealth@gov.scot">ms.fishhealth@gov.scot</a> <a href="http://www.gov.scot/marinescotland">http://www.gov.scot/marinescotland</a>
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