



Date:

NOTIFICATION OF INTENTION TO IMPORT TOOTHFISH (*Dissostichus sp.*)

APPLICANT INFORMATION:

Name of Importer (Contact Person):

Company Name (Business):

Company Address:

City: Province: Postal Code:

Company Phone Number: Company Fax Number:

Company Email Address:

PRODUCT INFORMATION:

Estimated Date of Arrival:

Port / Point of Entry:

Country of Export:

Species to be Imported: Amount to be Imported (kg):

Transport Details (method of transport, bill number, all relevant transport details) and Container Numbers for each Container in this shipment.

Dissostichus Catch Documentation Number:

Export Reference Number (Customs 14-digit Transaction Number, if available):

Consignee(s) of Product:

Indicate whether a re-export document is also accompanying this shipment: Yes No

SIGNATURE BLOCK:

*I do solemnly declare that the information given on this notification form is true and correct and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the **Canada Evidence Act**.*

I understand that it is an offence under **Section 63** of the **Fisheries Act** to knowingly make a false or misleading statement.

Signature Date

Print Name and Title of Applicant

Note: This form is not valid unless signed by the applicant.

Return this Notification form for Pre-Approval, along with catch documents, a minimum of 72 hours prior to importing resource (s), via mail, to the address below:

Catch Certification Program: Operations Centre
 Resource Management Directorate
 Fisheries and Oceans Canada
 PO Box 99
 Tignish, PE C0B 2B0

Or by email by clicking 'Submit by Email' below or to CCO-BCC_Info@dfo-mpo.gc.ca

Submit by Email