## **FISHING VESSEL FOOD REGISTRATION**

## **Regulation (EC) No. 852/2004**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOOD BUSINESS OPERATOR DETAILS  Food Business Operator: This is likely to be the owner of the vessel or the person in charge of the business if the vessel owner is not involved in the sale of the fish. | | | | | | | | | | | |
| Full name of food business operator  (vessel owner) | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Address of food business operator  (home address or registered company name and address) | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Telephone no: | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| E-mail: | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Full name of Skipper (if different): | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Tel Number of Skipper (if different): | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| Address for correspondence (if this is different from above) | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| At which port do you normally land fish to | | | |  | | | | | | | |
| **FISHING VESSEL DETAILS** | | | | | | | | | | | |
| Name of fishing vessel­­­ | |  | | | PLN code | | | | |  |
|  | |  | | | | | | | | |
| Size | Greater than 10 meters  Less than 10 meters | | Fishing Method e.g. trawler, hook and line, potter etc | | | | |  | | |
|  | | |  | | | | | | | |
| Type of fish handling carried out | | | Fish landed whole  Fish gutted on board  Crab/Scallops | | | | | | | |
|  | | |  | | | |  | | | |
| Time fish are stored on the vessel before landing | | | Less than 24 hours | | | | Greater than 24 hours | | | |
|  | | |  | | | | | | | |
| Storage of fish on board | | | Fish chilled using ice or slush ice  Ice taken from premises on land e.g. Fish Quay or other  Ice making equipment on board the vessel  Refrigerated storage on board vessel  Frozen storage on board vessel | | | | | | | |
|  | | |  | | | | | | | |
| Signature | |  | | | | Date: | | |  | |
|  | |  | | | |  | | | | | |
| Name: (Capital Letters) | |  | | | |  | | | | | |

**Post completed form to:**

Environmental Health

East Devon District Council

Blackdown House

Border Road

Heathpark Industrial Estate

Honiton

EX14 1EJ

**Or**

**EMAIL TO:**

environmentalhealth@eastdevon.gov.uk