



**CONFIRMATION OF CONTACT INFORMATION FORM
SHELLFISH/ FINFISH/ FRESHWATER-LANDBASED AQUACULTURE LICENCE**

Date:

LICENCE HOLDER INFORMATION:

(One form to be filled out for each Licence Holder)

Licence Holder (individual/ company)	Mailing Address (to appear on licence)
Primary Contact	Licensee Birthdate (yyyy/mm/dd)
Contact Phone Number	Cell Phone Number
Email Address	BC Incorpor #/ Registration #/ Society #

Authorization (Signing Authority for Company or Licence Holder)
<p>_____</p> <p>Signature</p> <p>_____</p> <p>Printed Name</p>

Please return this completed form to:

Pacific Fishery Licence Unit
DFO.AQLicensing-AQPermis.MPO@dfo-mpo.gc.ca