

**AN APPLICATION FOR A LICENCE TO POSSESS, SELL, EXHIBIT FOR SALE OR
TRANSPORT DEAD SHELLS FOR ORNAMENTAL INDUSTRY**

01. Full Name of the Applicant: -
02. (a) Permanent Address of the Applicant :-.....
(b) Postal Address :-
(c) E-mail :-
03. National Identity Card No. :-
04. Place where dead shells are removed. :-
05. Mode of Transportation :- (a) Vehicle No. :
(b) Route of transport:
06. Place where kept in possession or industry :-
07. Quantity Applied :

I hereby certify that the foregoing statement is true and correct to the best of my knowledge. I shall abide by the terms and conditions specified in the licence and the Provisions of the Fisheries Management (Collection of dead shells) Regulation, 2012.

.....
Date
Signature of the Applicant

FOR OFFICE USE ONLY

Comments by the Fisheries Inspector/Field Officer.

Signature of Officer : Name :
Designation : Area :
Date :

Recommendation of the Assistant Director of the District

I recommended that the applicant of
..... be granted / not granted a licence to possess or transport dead shells as described, subject
to the following conditions :

Signature of Officer : Name :
Designation : Area :
Date :

Recommendations of the Director/Management

Issue of a permission letter recommended/not recommended

Signature :
Date :

Order of the Director General/ Licensing Officer

Issuance of Licence is approved/not approved.

If approved, the special conditions to be attached to the licence are :

Signature of the Director General /Licencing Officer :

Name :

Designation :

Date :