



Vessel Monitoring System (VMS) Form Gulf and Quebec Regions

Please check the appropriate box representing the nature of your request.
Vessel Information and the Authorization sections must be completed for all requests.

- Installation of VMS Unit (Complete Parts B, D, E) for the initial installation.
- Transfer of VMS Unit (Complete Parts A, F, G) from one vessel to another.
- Replacement of VMS Unit (Complete Parts C, D) due to failure/repair, etc. to the unit.
- Deactivation of VMS Unit (Complete Parts B, E, H)
- Reactivation of VMS Unit (Complete Parts B, F, I)
(Only select Reactivation if you are reactivating the same VMS Unit. If you have acquired a new VMS Unit please select Installation of VMS Unit)

VESSEL INFORMATION – must be completed for all requests

Fishing Vessel Name:	
Vessel Registration No. (VRN) or Vessel Identification No.(VIN) :	
Owner's Name:	
Licence Holder: (If different than Owner's Name)	
Phone #: (Daytime)	
FIN: (Licence Holder)	
Fishery (s):	

PART A - TRANSFER OF VMS UNIT (from one vessel to another)

	Transfer from:	Transfer to(vessel to which VMS unit is going):
Fishing Vessel Name:		
VRN or VIN :		
VMS Owner's Name:		
Licence Holder: (If different than Owner's Name)		
Phone #: (Daytime)		
FIN: (Licence Holder)		
VMS Manufacturer:		
VMS Serial Number:		

PART B - VMS UNIT INFORMATION

VMS Unit Manufacturer:	
Model:	
Version:	
Serial Number:	
VMS Unit Owner's Name:	

PART C - UNIT INFORMATION (REPLACEMENT)

	ORIGINAL UNIT	REPLACEMENT UNIT
Service Provider Company Name:		
CSP Number for Unit: (IMN or MCT or Terminal ID or Romme/, etc.)		
CSP VMS E-Mail (if applicable) Provided by Service Provider		
DNID: (Inmarsat C Only)		
Member Number: (Inmarsat C Only)		
Terminal / Subscription ID: (Inmarsat D+ Only)		
ISN: (Inmarsat D+ Only)		
Reason for replacement:		
<ul style="list-style-type: none"> • Is this a permanent replacement? (Yes or No) _____ • If you answered no, what is the estimated duration of the replacement? _____ 		

PART D - INSTALLER INFORMATION AND SIGNATURE

Installation Company Name:	
Address:	
Phone #:	
Fax #:	
E-Mail:	
Installer Full Name:	
Date of Installation:	
Installer Signature:	

PART E - COMMUNICATION SERVICE PROVIDER (CSP) INFORMATION

Service Provider Company Name:	
Address:	
Phone #:	
Fax #:	
E-Mail:	
Service Provider Contact Name:	
CSP Number for VMS Unit: (IMN or MCT or Terminal ID or Romme #, etc.)	
CSP VMS E-Mail (if applicable). Provided by Service Provider	

**** For Inmarsat C Only**

DNID:		Member Number:	
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PART F - PREVIOUS / NEW COMMUNICATION SERVICE PROVIDER (CSP) INFORMATION, if applicable

	From Previous Provider	To New Provider
Service Provider Company Name:		
Address:		
Phone #:		
Fax #:		
E-Mail:		
Service Provider Contact Name:		
CSP Number for VMS Unit (IMN or MCT or Terminal ID or Romme #, etc.)		
CSP VMS E-Mail (if applicable). Provided by Service Provider		

**** For Inmarsat C Only**

DNID:		Member Number:	
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PART G - TRANSFER

Date of transfer:	
Transferred or Installed by:	
Reason for transfer:	

PART H - DEACTIVATION

Date of deactivation:	
Deactivated by:	
Reason for deactivation:	

PART I - REACTIVATION

Date of reactivation:	
Reactivated by:	
Reason for reactivation:	

AUTHORIZATION – must be completed for all requests

Effective immediately, please accept this form as authorization to Fisheries & Oceans Canada (DFO) to access the positional data and associated identifiers and information from the Vessel Monitoring Unit installed on above vessel.

We understand that this information will be processed, stored and disseminated by DFO in conformity with Canadian laws and current DFO policies.

SIGNED AT _____ on this _____ day of _____, _____
(Location when signing) (Day of month) (Month) (Year)

(Name of Licence Holder)

(Signature of Licence Holder)

Please send the completed form by fax to:
Vessel Monitoring Program
Fisheries and Aquaculture Management Branch
Fisheries and Oceans Canada
P.O. Box 5030
Moncton, NB E1C 9B6
Fax (506) 851-7377

If you have any questions regarding the VMS form, please call 1-888-269-7133.

This form is available on the DFO VMS Web site:
<http://www.glf.dfo-mpo.gc.ca/fm-gp/cp-cp/vms-ssn>