

Application to Amend a Processing Plant License (Form 2)

Application to process additional species

Name of Applicant: _____ FP # _____

Location of Plant: _____

Postal Address: _____

Contact Name & Title: _____

Phone (Bus): _____ Phone (Home): _____ Fax: _____ Cell Phone: _____

Name of additional species: _____

Source of Supply: _____

Purpose: _____

Quantity of fish estimated to be processed by species during the coming year:

With this (these) additional species, will you be producing a value-added product(s)?

Yes No

If yes, describe how there will be an added value to the species.

Signature of Signing Official

Print Name & Title of Signing Official

Dated on _____ 20 ____

Signature of Inspector

