



**PRINCE EDWARD ISLAND DEPARTMENT  
OF  
AGRICULTURE, FISHERIES, & AQUACULTURE**

**SHELLFISH PROCESSORS  
MONTHLY STATEMENT**

(As required by Section 4(2)(b) of the P.E.I. Fisheries Act)

PROCESSOR'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PLANT LOCATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FOR PERIOD STARTING: \_\_\_\_\_ 20\_\_ TO: \_\_\_\_\_ 20\_\_

**PLEASE RETURN THE COMPLETED MONTHLY STATEMENT FORMS TO THE  
P.E.I. DEPARTMENT OF AGRICULTURE, FISHERIES, & AQUACULTURE,  
P.O. BOX 2000, CHARLOTTETOWN, P.E.I. CIA 7N8**

**SHELLFISH PROCESSORS MONTHLY STATEMENT**

(As required by Section 4(2)(b) of the P.E.I. Fisheries Act)

Indicate (x) products processed during the period and the applicable information.

<b>PRODUCT</b>	<b>SIZE/GRADE</b>	<b>NUMBER OF CASE/BOXES</b>	<b>NUMBER OF POUNDS/KILOS</b>
<b>LOBSTER:</b>			
Live/Fresh	( ) Markets		
Live/Fresh	( ) Cannery		
Other _____	( ) _____		
Other _____	( ) _____		
Other _____	( ) _____		
<b>SOFT SHELL CLAMS</b>			
Live/Fresh	( ) _____		
Other _____	( ) _____		
Other _____	( ) _____		
<b>QUAHAUGS</b>			
Live/Fresh	( ) Little Neck (Sm)		
Live/Fresh	( ) Cherrystone (Med)		
Live/Fresh	( ) Chowders (lg)		
Other _____	( ) _____		
Other _____	( ) _____		
Other _____	( ) _____		
<b>OYSTERS</b>			
Choice	( ) Large		
	( ) 100 c		
	( ) 225 c		
	( ) 400 c		
Other	( ) _____		
Choice	( ) Small		
	( ) 100 c		
	( ) 225 c		
	( ) 400 c		
Other	( ) _____		

**CONFIDENTIAL**

<b>PRODUCT</b>	<b>SIZE/GRADE</b>	<b>NUMBER OF CASE/BOXES</b>	<b>NUMBER OF POUNDS/KILOS</b>
<b>OYSTERS (cont'd)</b>			
Standard	( ) 100 c		
	( ) 225 c		
	( ) 400 c		
Other	( ) _____		
Commercial	( ) 100 c		
	( ) 225 c		
	( ) 400 c		
Other	( ) _____		
Other _____	( ) _____		
Other _____	( ) _____		
<b>MUSSELS</b>			
Live/Fresh	( ) 10 lb.		
	( ) 25 lb.		
	( ) 2x25		
Other _____	( ) _____		
Other _____	( ) _____		

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**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND FULLY DISCLOSES ALL RECORDS OF FISH PROCESSED IN THE STATED PERIOD.**

**DATE:** \_\_\_\_\_ **NAME: (Please Print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED STATEMENT FORM TO THE P.E.I. DEPARTMENT OF AGRICULTURE, FISHERIES, & AQUACULTURE, P.O. BOX 2000, CHARLOTTETOWN, P.E.I., C1A 7N8. IT IS ILLEGAL TO PROCESS OR ATTEMPT TO PROCESS ANY FISH UNLESS UNDER A VALID FISH PROCESSORS LICENSE.**