



FISHERIES DIVISION
Princess Alice Highway, Bridgetown
Tel: 535-5800, Fax: 436-9068
Email: Fisheries.Division@Barbados.gov.bb

Official Use File No.

## **APPLICATION FOR REGISTRATION OF A PROCESSOR**

COMPANY INFORMATION			
Nature of Business: ☐-Proces	sor □-Trader	Customs Registration No.	:
Company Registration No.:			Company No
Processing Plant Licensing No	) <b>.</b> :		
Brand Name:			
Company Name:			
Mailing Address:			
Company Tel:			_ Fax:
Email Address:			
CEO / Directors:			
Contact Person:			
Mailing Address:			
Tel: (H):	_ <b>(W)</b> :	(C):	(F):
Email Address:			

Staff	Total	Male	Female	Othe
Total persons				
Office Staff				
calers				
Boners				
Saw Operators				
General Workers				

FISH SOURCE			FISH SOLD			
Source of Fish:			Fish Sold:		Total	
Boat's Reg. No. Boat Type Lan		nding Sites	Locally			
			Exported			
			Spoilage			
			Break Down of Fish	Sold Locally:	Total	
			Super Markets			
Fish Source:		Total	Mini Marts			
Locally		%	Hotels			
Imported		%	Restaurants			
			Vendors			
Amount of Fish Purchased	Locally:		Hawkers			
Species	lbs	tons	General Public			
SWORDFISH	-		Public Institutions			
KINGFISH			Hospitals			
BILLFISH			Schools			
TUNA			Other			
SHARK				_		
DOLPHIN			Break Down of Fish E	exported:	Total	
FLYING FISH			In Region			
			Out of Region			
			·			
			COMPANY EQUIPMEN	IT		
Amount of Fish Purchase I	mported An	nualy:	Freezer Type:	Other Specia	lising	
Species	lbs	tons		Equipment:  -Filleting Machine  -Fish Washer		
SWORDFISH			 ☐-Contact			
KINGFISH			 ☐-Capacity per			
BILLFISH			Unit Freeze	☐-Patty Forn		
TUNA			Cold Store:	lce Machir		
SHARK			☐-Owned	Other		
DOLPHIN			☐-Rented			
FLYING FISH			Capacity of Chiller:	Method of Fis	sh Transpo	
SHELL FISH			<u> </u>	□-Van		
			0-1404	☐-Refrigerate Truck/Val		
			Cold Storage:			
Method of Offal Disposal:				☐-Other	<u> </u>	
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I declare that the information provided is true and correct.

Signature of Applicant \_\_\_\_\_\_ Date \_\_\_\_\_