

Appendix 7

Application Form for Small Scale Longliners Operating in the Pacific Ocean

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|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Registration Number of Fishing Vessel | CT — | Vessel Name in Chinese | | |
| | | Vessel Name in English | | |
| Distant Water Fisheries Operator | Name of Individual | | | |
| | Name of Company | | | |
| | The Legal Representative | | | |
| | Contact Person | | | |
| | Contact Address | | | |
| | Contact Telephone No. | | | |
| Group of Fishing Vessel | <input type="checkbox"/> Frozen Yellowfin Tuna Group <input type="checkbox"/> Apply for fishing in the Southern Pacific Fishing Area <input type="checkbox"/> Seasonal Sharks Group <input type="checkbox"/> General Group <input type="checkbox"/> Apply for fishing in the Southern Pacific Fishing Area <input type="checkbox"/> Apply for Fishing in the Eastern Pacific Fishing Area <input type="checkbox"/> Apply for Fishing in the Eastern Pacific Swordfish Fishing Area | | Type of Storage <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/> Ultra-low temperature (below -50℃) | |
| Target Species | <input type="checkbox"/> Yellowfin Tuna <input type="checkbox"/> Albacore Tuna <input type="checkbox"/> Sharks <input type="checkbox"/> Mahi Mahi <input type="checkbox"/> Billfishes <input type="checkbox"/> Others (Please specify species) _____ | | | |
| Satellite Communication and VMS equipment | VMS Type | <input type="checkbox"/> IRIDIUM | Type | |
| | | <input type="checkbox"/> INMARSAT | | |
| | | ALC number : | | |
| | Satellite Telephone No. | (required) | | |

Name of Applicant: _____ (Signature or Stamp)

To Council of Agriculture:

Date: