



Centre for Environment  
Fisheries & Aquaculture  
Science

## Authorise an Exporter

This form allows you to apply to export live fish and shellfish, as required under The Aquatic Animal Health (England and Wales) Regulations 2009. You must complete all sections of the form before it will be accepted.

### Section 1 - Export reason

- To export for any purpose you must complete the AUTEXP form, available from GOV.UK.
- A site visit will be required within 7-days' of receipt of authorisation.

Please select where you will be exporting to  
(tick all the apply)

- European Union (inc. Northern Ireland)
- Rest of World
- Crown Dependencies (Guernsey / Jersey / Isle of Man)

Please select the purpose of your export

- Ornamental trade - coldwater species
- Ornamental trade - tropical species
- Farming / Breeding
- Scientific research or public aquaria
- Relaying / Purification
- Other - please specific below:

### Section 2 - Applicant details

Applicant or business name

Applicant or business code (if applicable)

Applicant or business address



Postcode

Contact details

Name

Landline

Mobile

Email

Website

### Section 3 - Site details

Site name

Site Code - if applicable

Site address



Postcode

Contact details

Landline

Mobile

Email

National grid reference (NGR)

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Holding facilities

This could be recirculation systems, lined pond, tanks or no facilities (eg consolidator).

Type	Number

Water source

- Tap    Spring    Borehole    Other:

# Form AUTEXP

## Additional Personnel

*i.e., personnel authorised by your APB to discuss export matters with the FHI*

Name	Position	Contact Number	Email Address
1.			
2.			
3.			
4.			

## Section 4 - Species for Export

*(Susceptible only)*

Scientific name	Common name	Commodity Code
Please use an additional sheet for more species		

## Section 5 - Comments

*This section is optional. Please add any additional information you may think is relevant to your application.*

## Section 6 - Signature

By signing, I confirm that to the best of my knowledge and belief, the information I have given is correct and complete.

Signature

Full name

Position

Date signed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Please send your completed form to:

Address: Fish Health Inspectorate, Cefas, Barrack Road,  
Weymouth, Dorset, DT4 8UB  
Email: [fhi@cefas.co.uk](mailto:fhi@cefas.co.uk)

Data is collected for aquatic animal health control and biodiversity purposes and for use in research activities related to improving aquatic health.

We may share your information with other government departments/agencies that have shared responsibility for the environment or with universities assisting us with research projects related to improving aquatic health. For further information visit [Personal information charter - Centre for Environment, Fisheries and Aquaculture Science - GOV.UK \(www.gov.uk\)](#)

On registering with the Live Fish Movements web service, your company name, address and APB authorisation/registration number will be visible to all other registered users.

You are entitled to a copy of the information we hold about you and you have the right to rectify any inaccurate information that we may hold.