

# Centre for Environment Fisheries & Aquaculture Science

# Export notification: live fish and shellfish

You must complete all fields of this application. Applications that are not completed in full will be rejected. A minimum of 5 working days notice is required to be given prior to departure date. If any amendments are required after this application has been submitted, a new EXP1 application will need to be completed and submitted, providing a minimum of 5 working days notice prior to departure date.

Full GOV.UK guidance can be found HERE.

#### Section 1 - Dates

# Departure from site

Date

Day Month Year

Time

# **Requested Inspection**

Date

Day Month Year

Time

# **Section 3 - Consignment**

Please select all options that apply.

#### Fish

Freshwater Marine Adult

Juvenile Eggs Gametes

# Crustaceans

Adult Juvenile Larvae

# **Molluscs**

Adult Juvenile Spat Larvae

### **Eels**

Under 12 cm 12-20 cm Over 20 cm

#### **Purpose**

Please specify option that applies.

Further Keeping / Quarantine / Relaying / Release into Wild / Confined Establishment / Research / Ornamental Use / Other - please specify.

# Section 2 - Supplier/Consignor

Please provide accurate details in accordance with your APB authorisation certificate.

Business or individual name

**EORI Number** 

Business postal address

Country

Postcode

Origin site name

Origin site code

Origin site address (Map must be submitted for wild caught molluscs)

Country

Postcode

Form EXP1 - V2.1 Helpline: 01305 206700

# Section 4 - Species list

All susceptible and vector species must	be listed individually.	Non susceptib	le ornamental fi	sh, molluscs
and crustaceans can be declared under	generic heading e.g.	, Otra Pesca, C	Otra Mollusca, C	)tra
Crustacea				

Scientific name

Common name

Total number or weight

Commodity code (10 digit)

# A draft packing list must accompany this EXP1 application form.

Total number of packages

Type of packages

Guidance on commodity codes is available HERE.

# Section 5 - Destination/Consignee

Business or individual name

Business postal address

Country

Postcode

Destination site code

Destination site name (if different from above)

Destination site address

Country

Postcode

# Section 6 - CHED-A Notification

Please provide details of the individual or business responsible for submitting the CHED-A notification for this export - EU only.

Business or individual name

Business postal address

Country

Postcode

# Transiting - if applicable

Please list all EU member states your consignment will be transiting through:

Form EXP1 - V2.1 Helpline: 01305 206700

#### Section 7 - Official Veterinarian

Please complete only if required.

**PLEASE NOTE**: Your nominated OV will be included in correspondence relating to the export, as required.

Veterinary individual name

Veterinary practice name

Email

Telephone

# Inspection type

Accompanied by a Fish Health Inspector

Remote with a Fish Health Inspector on site

Unaccompanied by a Fish Health Inspector

# Section 9 - Signature

Full name

Signature

Telephone number

By signing this form I confirm that:

- Myself or my agent are ready for customs declarations.
- I know the rules on exporting live aquatic animals (not for direct human consumption), including the animal health certification requirements.
- I have a GB EORI number.
- I am using a EU BCP that accepts my commodity.
- I have checked that my EU customer is able to meet the EU import requirements, including notification to the BCP and import customer declarations.

# Full guidance on exporting is available HERE.

# **Section 8 - Transport**

Please complete the following relevant sections

Transport type

Air Road Sea Courier

Transport identification of vehicle to enter EU (flight, ferry and / or vehicle registration number)

Airway bill number (AWB) - if relevant

Transporter company name

Transporter postal address

Country Postcode

GB port of exit

Time of departure from port

Name of entry border control post (BCP) in EU

BCP unit number

Guidance on BCP details HERE.

Please send your completed form and site plan by email or post to: Address: Fish Health Inspectorate, Cefas, Barrack Road, Weymouth, Dorset, DT4 8UB.

Email: fhi@cefas.gov.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.

INTERAL USE ONLY

REF

LAB

Form EXP1 - V2.1 Helpline: 01305 206700