



Register a fishery, cropping water or aquaponic system

Complete this form to register your fishery, cropping waters, aquaponics unit or to register as a sole transporter 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 - Applicant details

<p>I wish to register a:</p> <p><input type="checkbox"/> Fishery (private or commercial)</p> <p><input type="checkbox"/> Cropping water (e.g. stock pond)</p> <p><input type="checkbox"/> Aquaponics system</p> <p><input type="checkbox"/> Sole Transporter</p> <p>I am the:</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Angling club representative</p> <p>Position (eg manager, secretary, owner)</p> <p>Organisation name</p>	<p>Contact Details</p> <p>Title</p> <p>Full name</p> <p>Mailing address</p> <p>County</p> <p>Postcode</p> <p>Landline</p> <p>Mobile</p> <p>Email</p>
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Section 2 - Site details

<p>Site name</p> <p>Site address</p> <p>County</p> <p>Postcode</p>	<p>National grid reference (NGR)</p> <p>Example: AA0123456789</p> <p>Submitting a map</p> <p>You must provide a map if you are registering a fishery or cropping water.</p> <p>This must show the locations and names of the waters listed below. It will be used by the Environment Agency when processing site permits and consents.</p>
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Please list all waters or facilities within the site

Name of water	Size - Hectares(s)	Size - Acre(s)
Please use an additional sheet for more waters		

Section 3 - Site details

Please select all species known to be held at your site

Unknown

Crayfish

Coarse fish

Barbel

Bream

Carp - Common

Carp - Crucian

Carp - Grass

Carp - Hybrids

Carp - Koi

Catfish (Wels)

Chub

Dace

Eel

Goldfish

Gudgeon

Orfe

Perch

Pike

Roach

Rudd

Sturgeon

Tench

Zander

Salmonid fish

Arctic char

Salmon - Atlantic

Trout - Brook

Trout - Brown

Trout - Rainbow

Trout - Tiger

Additional comments

Please use this space if you wish to add any additional comments about your application

Section 4 - Signature

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

• notify the FHI in advance of any changes to the above information within 90 days of the change

• provide the FHI with all reasonable help and access in discharging their duties

• notify the FHI if a listed disease is suspected or present at my site, or if there is an increase in animal mortalities

Signature

Full name

Date signed

Day

Month

Year

Please send your completed form and map 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.

Internal use only

Map

Certificate

Date sent

Initials

Site code