

Authorized Contacts

Please complete and sign below to authorize contacts for your file. Check the appropriate boxes for authorization.

Proposed Licence Holder: _____

Proposed Licence #(s): _____

NAME	PHONE NUMBER	EMAIL	GENERAL CORRESPONDANCE	SIGNING AUTHORITY	FISH BUYERS ONLINE REPORTING	LEGAL REPRESENTATIVE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorized Representative	Signature	Date

Submit completed form to:

Email: fisheries-licensing@novascotia.ca

Mail: Nova Scotia Department of Fisheries and Aquaculture, Marine Licensing & Registration, 1575A Lake Road, Sandy Point, NS B0T 1W0