

Department of Fisheries
Application for Sanitation and Aquatic Animal Health Inspection of Aquaculture Establishment for
Exportation

Date.....

Dear Director.....

I am (Applicant) Mr./Mrs./Miss.....Last name.....
Id Card Number.....Address..... Moo/Soi.....
Street.....Sub-District.....District.....
Province.....Postal Code.....Telephone No.....Fax No.....
Establishment Name..... Location of Establishment.....
Moo/Soi..... Street..... Sub- District.....District.....
Province.....Postal Code.....Telephone No.....Fax No.....

Registered Entrepreneur Number

RE. 1 No.....

RE. 2 No.....

Registered Aquaculture Establishment Number

RA 3 No.....

RA. 4 No.....

Request an inspection for

Establishment sanitation and Aquatic Animal Health Licence Renewal

Expiration Date of Certificate...../...../.....

Aquatic Animal Health Licence Renewal (Species name.....)

Expiration Date of Certificate...../...../.....

Others.....

Signature.....Applicant
(.....)

Signature..... Recipient
(.....)

Date...../...../.....Time.....

For Officer

Dear.....

For your further implementation

.....
(.....)

Date...../...../.....

Informed by an Authorized Officer 1.....Date...../...../.....

2.....Date...../...../.....

The Appointed Date...../...../..... Time.....

Appointed by Officer (Signature).....Date...../...../.....