

This form should be completed by the new or proposed operator

1. Applicant (Compulsory)

| | | | | | | | | | | | |
|---------------------|--|-----------------|--|--|--|--|--|--|--|--|--|
| Title | | Contact Address | | | | | | | | | |
| First Name | | | | | | | | | | | |
| Last Name | | | | | | | | | | | |
| Position | | | | | | | | | | | |
| Organisation | | | | | | | | | | | |
| Website | | | | | | | | | | | |
| Phone | | | | | | | | | | | |
| Fax | | | | | | | | | | | |
| Mobile | | | | | | | | | | | |
| Email | | | | | | | | | | | |
| Postcode | | | | | | | | | | | |
| Date of application | | | | | | | | | | | |

Now please complete either section 2, 3 or 4 depending on your requirements
Please attach any additional information you feel might be appropriate in support of this application

2. Notification of Operator change at an existing authorised APB

| | | | |
|-----------------------------------|--|------------------------------|-----------------------------|
| Existing Authorisation Number | Are changes to site and or species farmed / held proposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Existing Site Name | | (please specify below) | |
| Likely date of change of operator | If yes please detail here | | |

**3. Proposed change to an authorised APB site
or: Proposed reinstatement of a fallow APB
or: Proposed upgrade of registered site to APB**

| | |
|--------------------|---|
| Existing site name | Existing Registration/Authorisation Number (if applicable): |
| Site address | |
| | |
| | |
| | |
| Postcode | Date of anticipated change |

Please provide a brief description of proposed use or change to the site (include information regarding species, holding facilities and activities to be undertaken at site)

4. Green field site proposed to be developed as an APB

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|-----------|
| Site name |
| Address |
| |
| |
| |

| | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Postcode (if available) | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Location* (Give national grid reference or supply a map showing the site) | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Is the operator the site owner? Yes No
(please specify below)

If no please provide details of entitlement to operate an APB at this location, ie lease contract:

Please provide a brief description of proposed use of site (include information regarding species and holding facilities to be used) and likely source of any stock. **PROPOSED SITE PLAN MUST BE INCLUDED.**

Planning permission obtained? Yes No

Name and telephone number of consultant or advisor involved (if applicable):

Date of anticipated commencement of APB:

Permission to contact consultant or advisor to discuss this application? Yes No

Please post or fax completed form to:
Fish Health Inspectorate, Cefas, Barrack Road, The Nothe,
Weymouth, Dorset, DT4 8UB
Fax 01305 206602

For further information please call 01305 206700

OFFICE USE ONLY

If completed by phone name of completing officer:
_____ Date: _____

FHI Support

Date recieved: _____

Actioned By: _____ Date Actioned: _____

Comments: