



Form AW1

Application to authorise a new Aquaculture Production Business (APB) or change the details of an existing APB

Aquatic Animal Health (England and Wales) Regulations 2009

This form should be completed by the new or proposed operator

Please note: When applying for changes to existing APB (species, facilities or activities) or proposed new APBs will undergo a consultation process with other government agencies. This can take up to 90 days to complete.

1. Applicant (This section must be completed)

Title	
First Name	
Last Name	
Position	
Company name	
Website	
Phone	
Fax	
Mobile	
Email	

Contact Address	
Postcode	

Please now complete either section 2, 3 or 4 depending on your requirements. You must complete Section 5. Please attach any additional information you feel might be appropriate in support of this application

2. New operator/owner for an existing APB

APB Authorisation Number	
APB Name	
Date of operator change	

Do you wish to change the species/facilities present? Yes No
(please specify below)

If yes please detail here

3. Proposed change to existing facilities / species at an authorised APB site or: Proposed reinstatement of a fallow APB or: Proposed upgrade of registered site to an APB

Existing site name	
Site address	
Postcode	

Existing registration/authorisation number (if applicable):	
Planned date for changes	

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

