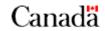
National Vessel Monitoring System (VMS) Form

Please Print Clearly

Vessel Information							
1. Vessel Registered in DFO Region:	☐ Pacific	☐ Central	& Arctic	☐ Quebec			
(please check one only)	□ Gulf □ Mariti		es	☐ Newfoundland & Labrador			
2. Vessel Name:							
3. CFV/VRN/SideNo.:			4. Vessel Home Port:				
5. Owner's Name:	6.			Owner's Telephone No.: () -			
7. Licence Holder's Name (if different):							
8. Licence Holder's FIN:							
9. Fishery and Licence No. (applicable to Gulf, Maritimes & Pacific Regions):							
10. Licence Holders 10(a). Tel	ephone No.	:()	-	10(b). Cell No.: () -			
10(c). SatPhone No.: () -	- 10(d). Email:			@			
VMS Unit Information							
11. Manufacturer / Model:			12. Hardware Serial No.:				
VMS Installer Information							
13. Company Name:							
14. Installer Name: 15. Installer Telephone No.: () -							
Communication Service Provider Information (CSP)							
16. Company Name :							
17. Contact Name:		18. 7	Telephone	e No.: () -			
19. CSP No:	20. VM	AS Unit Ema	ail:	@			
Inmarsat-C (only)							
21. DNID No.:			22. Member No.:				



VMS Action Request						
23. Type of Action:	☐ First Installation	☐ Suspend Reporting ☐	Resume Reporting			
(please check one)	☐ Unit Replacement	☐ Unit Transfer				
24. Effective Date of Action (DD/MM/YYYY):						
25. Reason for Action:						
	VM	S Transfer (ONLY)				
Vessel Information from where the VMS unit was removed						
26. Vessel Registered in	DFO Region: \square Pa	cific □ Central and Arctic □ Queb	ec			
(please check one only)	□ Gu	alf □ Maritimes □ Newfo	undland and Labrador			
27. Vessel Name:						
28. CFV/VRN/SideNo.:		29. Vessel Home Port:				
30. Owner's Name:		31. Owner's Telephone No.: () -				
Authorization						
Effective immediately, please accept this form as authorization for Fisheries and Oceans Canada to access the positional data and associated identifiers and information from the Vessel Monitoring Unit installed on above vessel.						
I understand that this information will be processed, stored and disseminated by DFO in conformity with Canadian laws and current DFO policies.						
	on this on when signing)	s day of, (Month)	(Year)			
(Name of Licence	Holder)	(Signature of Licence H	older)			

Please fax/mail to:

Gulf Region

Vessel Monitoring Program
Fisheries & Aquaculture Mgmt Branch
Fisheries and Oceans Canada
P.O. Box 5030

Moncton, NB E1C 9B6 Fax: (506) 851-7377

Toll Free: 1-888-269-7133

Quebec Region

Vessel Monitoring Program Fisheries & Aquaculture Mgmt Branch Pêches et Océans Canada 104 rue Dalhousie Québec, QC G1K 7Y7

Fax: (418) 648-7981

Toll Free: 1-866-299-0070

All Other Regions

Vessel Monitoring Program
Fisheries & Aquaculture Mgmt Br.
Fisheries and Oceans Canada

P. O. Box 5667

St. John's, NL A1C 5X1 Fax: (709) 772-5787

Toll Free: 1-888-772-8225

