



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:

VMS Transfer (ONLY)

Vessel Information from where the VMS unit was removed

26. Vessel Registered in DFO Region: Pacific Central and Arctic Quebec
 (please check one only) Gulf Maritimes Newfoundland 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.

SIGNED AT _____ on this _____ day of _____, _____
(Location when signing) (Day of month) (Month) (Year)

(Name of Licence Holder)

(Signature of Licence Holder)

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