

LICENSE CONDITION REQUEST FORM

TO: Licensing Service Center
Fisheries & Oceans Canada
PO Box 1085
Sydney, NS
B1P 6J7

PHONE: 902-564-3581
902-564-3934

FAX: 902-564-2588

PLEASE ALLOW TWO (2) WORKING DAYS FOR ISSUANCE OF CONDITIONS

INFORMATION REQUIRED

LICENSE HOLDER NAME: _____

FIN: _____

PHONE: _____

FAX: _____

LICENSE #: _____

SPECIES: _____

VESSEL NAME: _____

VRN: _____

License Holder Signature

Date

**FILL OUT
FAX BACK**