

The MSC Fishery Standard Principles and Criteria for Sustainable Fishing Application form

Foreword

The purpose of this form is to provide RINA with the relevant information it requires in order to:

- identify the scope of the required assessment and confirm that it falls within the agreed scope of RINA activities, as currently agreed with MSC
- match the competence of our assessors to the needs of the required assessment
- estimate how much time it will require to carry out the assessment.

Please fill in the present application form, which is made up of the following Sections A, B, C, providing as much information as possible – for any queries, please do not hesitate to contact us. All of the information provided will remain confidential between RINA and the applicant.

Upon completion, please sign and return to:

RINA Services S.p.A. – Via Corsica 12 – 16128 Genoa – Italy

Phone: +39 10 5385460 Fax: +39 10 **5385361** E-mail: emma.tomaselli@rina.org

Section A – Applicant information

Applicant's Legal Name:			
Address:			
Zip Code:	City:		Country:
VAT no.:			
Phone no.:		Fax no.:	
E-mail address:			
Website address:			
Contact Name:		Position:	

Requested services and forecasted target dates:

Service	Target date (purely indicative)		
Pre- Assessment	YES	NO	
Certification Assessment:	YES	NO	
Post-Certification Monitoring	YES	NO	



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Section B – Details of the Fishery to be certified

Fishery information

a. Name of the Fishery

b.	Sites involved	
C.	Target species (both common and Latin name)	
d.	Fishery type (please specify single species or mixed species)	
e.	Fishing Area	
f.	Landings (Fishery's estimated annual volume/weight of landings)	
Re	esources informati	on
g.	Fishing effort	
	(Number and size of vessels and fishermen involved in the Fishery)	
h.	(Number and size of vessels and fishermen	
	(Number and size of vessels and fishermen involved in the Fishery) Equipment (Type of gear and method	
h.	(Number and size of vessels and fishermen involved in the Fishery) Equipment (Type of gear and method used) Management Authority (Organizations responsible for the management of the	



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system.										
Historica	l inforn	natio	n							
Please rep	ort all re	elevar	nt hi	storical in	formation ab	out the Fisi	herv.			
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Section C - Other information (Optional) Any other information you may wish to communicate in view of a better understanding of the Fishery characteristics, in order to allow a better understanding between the Fishery and our CB: Language Any additional language other than English required for performing the audit: Applicant's signature Date: Name and position:		
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Date: Name and position:		anguage other than English required for performing the audit:
Date: Name and position:		
		Applicant's signature
Signature:	Date:	Name and position:
		Signature:

Attachment: MSC-FISH-DOCLIST-FORM