

APPLICATION FOR AUTHORISATION OF A PROCESSING ESTABLISHMENT (APE) UNDER THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009

Regulation 5 (as read with regulation 7 of) The Aquatic Animal Health (Scotland) Regulations 2009 (“the 2009 Regulations”) require processing establishments (APE’s) **(involved with aquaculture animals slaughtered for disease control purposes)** to be authorised by the Scottish Ministers. (Read our [privacy notice](#) to find out what we do with your information.)

Please read the accompanying guidance notes before completing this form.

1. Business details

Business name													
CEO/ owner title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>	
CEO/ owner name(s) in full													
Address													
							Postcode						
Telephone no							Fax no						
Mobile no													
e-mail													
Web site													
Companies House registration no													

2. Business contact person details (if different from above)

Contact person title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Name(s) in full													
Position													
Address													
							Postcode						
Telephone no							Fax no						
Other telephone no							Mobile no						
e-mail													

3. Processing site manager details (if different from above)

Site manager title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
Site manager name(s) in full												
Site postal address												
Telephone no												
Mobile no												
e-mail												
Site grid reference												
Approval number in accordance with REGULATION (EC) No 853/2004 (laying down specific hygiene rules for food of animal origin).												

4. Processing site contact person details (if different from above)

Site contact title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other	<input type="checkbox"/>
Site contact name(s) in full												
Position												
Address												
Telephone no												
Other telephone no												
e-mail												

5. Processing practices and water effluent treatment system

Species of aquaculture animals processed														
Species of wild aquatic animals processed														
Is all effluent <i>filtered</i> prior to discharge?											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:														
Is all effluent <i>disinfected</i> prior to discharge? (please tick)											Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details														
Effluent discharge destination														

Please detail any additional information overleaf.

PRIOR TO AUTHORISATION OF A PROCESSING ESTABLISHMENT, THE ESTABLISHMENT WILL BE INSPECTED BY THE FISH HEALTH INSPECTORATE (FHI) TO ASSESS WHETHER THE SITE CAN MEET CERTAIN RECORD KEEPING AND BIO-SECURITY REQUIREMENTS. THESE REQUIREMENTS ARE OUTLINED ON THE MARINE SCOTLAND WEB SITE (<http://www.gov.scot/Topics/marine/Fish-Shellfish/FHI/authorisation/ape>)

YOU WILL BE CONTACTED BY THE FHI FOLLOWING SUBMISSION OF THIS FORM TO ARRANGE AN INSPECTION FOR THIS PURPOSE.

REGULATION 9 OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 REQUIRES OPERATORS (OF APE's) TO APPLY TO SCOTTISH MINISTERS, IN WRITING, FOR ANY AMENDMENT TO INFORMATION SUPPLIED IN THIS APPLICATION, PRIOR TO THE AMENDMENT.

For this purpose, it is recommended that a copy of your application is retained for your records.

IN TERMS OF REGULATION 8(5) OF THE 2009 REGULATIONS, IT IS AN OFFENCE FOR A PERSON TO MAKE A STATEMENT IN AN APPLICATION THAT IS FALSE, AND WHICH THAT PERSON KNOWS OR SUSPECTS IS FALSE.

I declare that the information I have supplied is accurate to the best of my knowledge.			
Signature:		Date:	
Name:		Position held:	

For official use only

Authorisation no:								Date authorised:			INITIAL

	The Marine Directorate, Marine Laboratory, 375 Victoria Road, Aberdeen, AB11 9DB. Tel +44 (0)131 2442500, Fax +44 (0)131 2440944, Email ms.fishhealth@gov.scot https://www.gov.scot/policies/fish-health-inspectorate/
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