Form 2 STATUTORY FISHING RIGHTS ALLOCATION REVIEW PANEL

File No.

For Office Use Only

Appendix A

COMMONWEALTH OF AUSTRALIA Fisheries Management Act 1991

APPLICATION FOR REVIEW OF DECISION TO GRANT A FISHING RIGHT

To: The Registrar of the Statutory Fishing Rights Allocation Review Panel, C/- General Manager Fisheries Branch Department of Agriculture, Fisheries and Forestry GPO Box 858 Canberra ACT 2601

I apply under subsection 143(1) of the *Fisheries Management Act 1991* for review by the Panel of a decision.

My name is:	
My address is:	
My postal address is:	
The decision that I want reviewed is:	The following decision dated of the Australian Fisheries Management Authority or Joint Authority as the case may be (state which authority):
The name of the person who made the decision is:	
The office or title of that person is:	

Note: This is a form prescribed by Regulations 24, 25, 26 and 27 of the Fisheries Management Regulations 1992.

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Appendix A

The reasons for		
my application are:		

(If insufficient space, please attach and sign additional page/s as necessary.)

(Signature of applicant)

(Date)

Note: This is a form prescribed by Regulations 24, 25, 26 and 27 of the Fisheries Management Regulations 1992.