**Application form for a permit to use**

**the *Iceland Responsible Fisheries* Certification Mark**

Name of organization:

Address:

Telephone:

Fax:

Website:

Chain of Custody Certificate no.

Contact person (name):

Title:

Telephone:

Mobile phone:

E-mail:

Operation (mark with X)

\_\_\_ Fishing

\_\_\_ Primary processing

\_\_\_ Secondary processing

\_\_\_ Repacking

\_\_\_ Sales- and marketing

\_\_\_ Food service

\_\_\_ Retail

\_\_\_ Other

The applicant confirms that the *Rules on the use of the Iceland Responsible Fisheries Certification mark (March 2011)* will be strictly followed in all respect.

Date:

Confirmed:

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_