



WEEKLY PURCHASE REPORT

Fax to: 729-5995

E-Mail Reports to: semurphy@gov.nl.ca

Company Name: _____

Address: _____ E-Mail: _____

Phone Number: (709) _____ Fax Number: (709) _____

Date (mm/DD/YY)	Harvester (Last Name, First Name)	Vessel Registration Number	Species	Amount Purchased (lbs)
Total Amount Purchased (lbs):				

This information is collected for the purpose of DFA to perform audits to ensure compliance with buyer’s licence conditions. For further information related to the collection of this information, please contact the Licensing Administrator at (709) 729-3719.

REPORTS TO BE SUBMITTED BY TUESDAY OF THE FOLLOWING WEEK

NIL REPORTS TO BE SUBMITTED IF NO PURCHASES FOR THE WEEK

Name of Company Official Reporting Purchases: _____ Signature: _____ Date of Report: _____
