

# FISH INSPECTION AND QUALITY CONTROL DIVISION APPROVED PRODUCTS LIST

## **Application Form**

## Listing of Approved Establishments for Exported Fishery Products to the EU

		CA Validated
1. Exporter Identification (License Number if alread	ly available):	
YGN/ / /DOF		
<b>2. Applicant's Name (</b> Establishment name or partner name or individual name):	ership names including the trading	
3. Business Location Address and Contact Details ( delivery of items):	Physical location for service /	
Phone No:		
Fax No:		
Postal Address:		
E-mail:		
<b>4. Type of listing applied for:</b> Tick [ ] as many product categories as are applicable		
Raw materials: [ ] Marine (wild) [ ] Freshwater (wild) [ ] Aquaculture		
Exporter	Supply Chain Operation	
[ ] 1. Processing establishment	[ ] A. Fishing vessel (listed) [ ] i. Coastal sea	
] 2. Freezer vessel [ ] ii. High sea		gh sea
[ ] 3. Factory vessel	[ ] iii. F	reshwater (wild)
[ ] 4. Cold store	[ ] B. Aquaculture farm (listed)	
	[ ] C. Collection Station (listed)	
	[ ] D. Landing site (listed)	
	[ ] E. Auction (listed)	
	[ ] F. Ice manufacturing (independent) (listed)	
	[ ] G. Cold store (independent) (list	ed)
	[ ] H. Transporters [ ] i. Road	vehicle
	[ ] ii. Carrie	er Vessel (listed)

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	Export product	Attached		
	[ ] Fish [ ] Shrimp [ ] Cephalopods	[ ] Soft Shell Crab		
	Other (specify)			
	[ ] Frozen Unprocessed Products (Whole, Gutted, Fillets, Cuts, Chopped, Peeled, De-headed, Deveined, Blanched, with or without allowed additives.)	[ ] List of products intended for export to EU is enclosed to this application and QCRS-ICU will be updated with changes.		
	[ ] Frozen Processed Products (Breaded or other value-added products.)			
	[ ] Other (specify)			
	Old Store Independent			
6. Applicant declaration: (to be completed by applicant)				
I declare that:				
a)	I am authorised to make this application as the exporter or person with legal authority to act on behal of the exporter;			
b)	I accept that official inspections and control of fish and fishery products exported to the EU shall be performed by the Department of Fisheries (DOF) as the designated Competent Authority;			
c)	I accept that obtaining this <i>Approval</i> is conditional to a positive outcome of an Official Inspection visit performed by the assigned Competent Authority of DOF against requirements laid down under relevant EU regulations and procedures described in the Technical Regulation for Export and Import of Fishery Products enforced by DOF Directive 2/2015;			
d)				
e)	I accept that issuing of the Health Certificates that this listing entitles me depends on regulatory compliance and ongoing performance against requirements laid down under the relevant EU and Myanmar regulations;			
f)	the information supplied in this application is truthful and accurate to the best of my knowledge.			
	Name of Company's representative:	Signature of Company's representative:		
	Designation:	Date:		
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	Official Use Only:	Official Use Only:		
	Application accepted and procedure for assessment initiated:	Approval for Export to EU confirmed:		
	Date:	Date:		

Name and Signature Inspector Team Leader

Name and Signature Head of ICU

### **Template for List of Products**

#### List Species by Commercial Name and Scientific Name

**List Product Types intended for export to EU and for which HACCP Plans are implemented.** Example:

Frozen Shrimp Peeled, PD, PUD, Block or IQF frozen

Frozen Shrimp Shell-on, HOSO, HLSO, Block or IQF frozen

Frozen Marine Fish (Not Histamine sensitive) - Whole, Gutted, Fillets, Cuts, IQF or Block frozen

Frozen Marine Fish (Histamine sensitive) - Whole, Gutted, Fillets, Cuts, IQF or Block frozen