**DFO GULF REGION VESSEL REGISTRATION QUESTIONNAIRE**

**Once completed, you can return the questionnaire to us by email at:** **sas-sem@dfo-mpo.gc.ca****, or by fax at 1-833-928-1536**

**The following question will help us to locate your file.**

|  |  |
| --- | --- |
| What is your full name or the name of your company as it appears on your DFO Licence Documents |  |

**Please complete the questions below for each vessel you currently have registered with DFO. If you have more than one registered vessel, please complete the information separately for each vessel.**

|  |  |
| --- | --- |
| Vessel name:  |  |
| DFO Vessel Registration Number (VRN):  |  |
| Transport Canada Official Number (ON):  |  |

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|  |  |
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