Fisheries and Oceans Canada | Pêches et Océans Canada

National Vessel Monitoring System (VMS) Form

Please Print Clearly

Vessel Information		
1. Vessel Registered in DFO Region: (please check one only)	☐ Pacific ☐ Central & Arctic ☐ Quebec ☐ Gulf ☐ Maritimes ☐ Newfoundland & Labrador	
2.Vessel Name:		
3. CFV/VRN/SideNo. :	**4. Vessel Home Port :**	
5. Owner's Name :	**6. Owner's Telephone No.: ( ) -**	
7. License Holder's Name (if different):		
8. License Holder's FIN:		
9. Fishery & Licence No. (applicable to Gulf, Maritimes & Pacific Regions):		
10. License Holders	**10(a).Telephone No.: ( ) -**	**10(b).Cell No.: ( ) -**
10(c).SatPhone No.: ( ) -	**10(d).Email: @**	
VMS Unit Information		
11.Manufacturer / Model :	**12.Hardware Serial No.:**	
VMS Installer Information		
13.Company Name :		
14.Installer Name:	**15.Installer Telephone No.: ( ) -**	
Communication Service Provider Information (CSP)		
16.Company Name :		
17.Contact Name:	**18.Telephone No.: ( ) -**	
19.CSP No:	**20.VMS Unit Email: @**	
Inmarsat-C (only)		
21.DNID No.:	**22.Member No.:**	

Canada

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VMS Action Request			
23.Type of Action:	☐ First Installation	☐ Suspend Reporting	☐ Resume Reporting
(please check one)	☐ Unit Replacement	☐ Unit Transfer	
24.Effective Date of Action (DD/MM/YYYY):			
25.Reason for Action:			

VMS Transfer (ONLY)			
Vessel Information from Where the VMS unit was removed			
26. Vessel Registered in DFO Region:	☐ Pacific	☐ Central & Arctic	☐ Quebec
(please check one only)	☐ Gulf	☐ Maritimes	☐ Newfoundland & Labrador
27.Vessel Name:			

28. CFV/VRN/SideNo. :	**29. Vessel Home Port :**
30. Owner's Name :	**31. Owner's Telephone No.: ( ) -**

Authorization

Effective immediately, please accept this form as authorization for Fisheries and Oceans Canada to access the positional data and associated identifiers and information from the Vessel Monitoring Unit installed on above vessel.

I understand that this information will be processed, stored and disseminated by DFO in conformity with Canadian laws and current DFO policies.

SIGNED AT _____ on this _____ day of _____ , _____
(Location when signing) (Day of month) (Month) (Year)

_____ _____
(Name of Licence Holder) (Signature of Licence Holder)

Please fax/mail to:

Gulf Region
Vessel Monitoring Program
Fisheries & Aquaculture Mgmt Branch
Fisheries & Oceans Canada
P.O. Box 5030
Moncton, NB E1C 9B6
Fax: (506) 851-7377
Toll Free: 1-888-269-7133

Quebec Region
Vessel Monitoring Program
Fisheries & Aquaculture Mgmt Branch
Pêches et Océans Canada
104 rue Dalhousie
Québec, QC G1K 7Y7
Fax: (418) 648-7595
Toll Free: 1-866-299-0070

All Other Regions
Vessel Monitoring Program
Fisheries & Aquaculture Mgmt Br.
Fisheries & Oceans Canada
P. O. Box 5667
St. John's, NL A1C 5X1
Fax: (709) 772-5787
Toll Free: 1-888-772-8225

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