



COMMERCIAL FISHERIES
RESEARCH FOUNDATION

P.O. Box 278, Saunderstown, RI 02874
Phone: (401) 515-4892 | Fax: (401) 515-3537
www.cfrfoundation.org

CFRF Shelf Research Fleet: Vessel Application
(PLEASE PRINT)

(All Information will be kept confidential)

Application Information:

Name (Fishing Vessel Owner): _____

Captain (If different than fishing vessel owner): _____

Company Name (If Applicable): _____

Residential Address: _____

Mailing Address (If different than residential address):

E-mail Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Vessel Information:

Fishing Vessel Name: _____

Home Port: _____

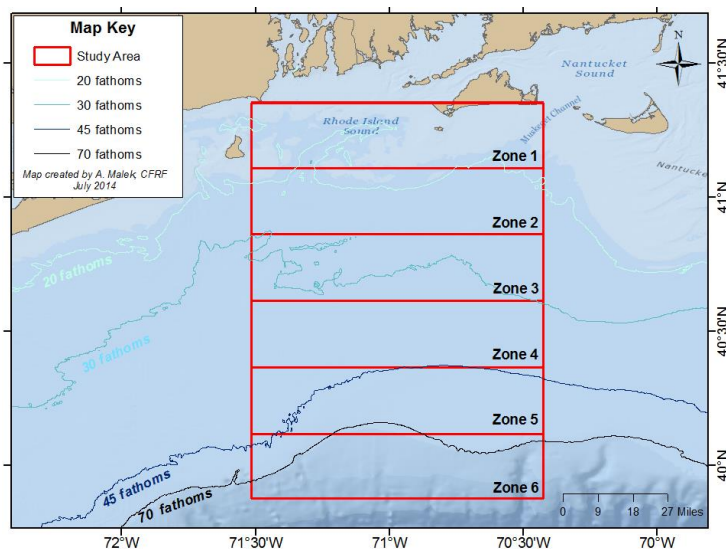
Target Species: _____

Federal Permit Number: _____

Vessel Length: _____

Number of Crew: _____

Months When You Fish or Transit Through Study Zones 1-6:



| Zone | Months Fished/Transited |
|------|-------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

Total Number of Days or Months Usually Fish per Year: _____

Months When You Do Not Fish, If Any: _____

Last date of U.S. Coast Guard Dockside Exam: _____

Collaborative Research Experience: _____

I verify that:

- 1) *The information listed above is accurate*
- 2) *I have read the description of the project and required work tasks, and if chosen to be a member of the research fleet, agree to:*
 - *Carry out the work tasks identified in the sampling program;*
 - *Participate in organization/training/data review meetings as required, and*
 - *Be committed to working with the other research team members and assisting with achieving the research goals of the project.*

Printed Name: _____

Signature: _____ Date: _____

Applications can be submitted by:

- 1) Email: aellertson@cfrfoundation.org
- 2) Mail: Commercial Fisheries Research Foundation
P.O. Box 278
Saunderstown, Rhode Island 02874
- 3) Fax: (401) 515-3537

Questions? Please contact Anna Malek Mercer, CFRF Executive Director at (401)515-4662 or amalek@cfrfoundation.org