



COMMERCIAL FISHERIES
RESEARCH FOUNDATION

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

Southern New England Cooperative Ventless Trap Survey (SNECVTS)

Vessel Application

DUE DATE: April 26, 2017

(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: _____

Vessel Length: _____

Vessel Width: _____

Vessel Horsepower: _____

Number of Dedicated Crew (including captain): _____

Enclosed cabin (please circle)? YES NO

Target Species: _____

Lobster Management Areas Fished (please circle): LMA 2 LMA 3 BOTH

Area(s) most often fished: _____

Month's Typically Fished (e.g. April - December): _____

Federal Permit Number: _____

State License Number: _____

Trap Allocation: _____

USCG Safety Exam Sticker (please circle): YES NO

If yes, Sticker Number: _____, Expiration date: _____

Certificate of Insurance (please circle): YES NO

Life Raft Capacity (e.g. 4 man raft, 6 man raft, 8 man raft):

Do you conduct drills and safety inspections every month, when actively engaged in fishing? YES NO

If yes, are they logged or documented? _____

Years Commercial Fishing Experience:

Past Involvement in Cooperative Research and/or Data Collection:

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 must be submitted by **April 26th, 2017** to:

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

Questions? Please contact Thomas Heimann, CFRF Research Associate at (401)515-4892 or theimann@cfrfoundation.org