



COMMERCIAL FISHERIES
RESEARCH FOUNDATION

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

CFRF Lobster & Jonah Crab Research Fleet: Vessel Application

(All information will be kept confidential)

Applicant Information:

Name (Fishing Vessel Owner & Captain): _____

Company Name (If Applicable): _____

Residential Address: _____

Mailing Address (if different than Residential Address):

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Vessel Information:

Fishing Vessel Name: _____

Home Port: _____

Vessel Length: _____

Vessel Horsepower: _____

Number of Crew: _____

Target Species: _____

Lobster Management Area Fished: LMA 2 LMA 3 BOTH

Area(s) Most Often Fished: _____

Months Typically Fished (e.g. April through December):

Lobster: _____

Jonah Crab: _____

Number of Days Fished Per Year:

Lobster: _____

Jonah Crab: _____

Average Number of Traps Fished Per Year (Past 3 Years): _____

Vessel Permits & Licenses:

Federal Permit Number: _____

Hull Number (Registration Number): _____

State License Number: _____

Trap Allocation: _____

USCG Safety Exam Sticker: YES/NO

If Yes, Sticker Number: _____

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 program and required work tasks, and if chosen to be a member of the research fleet, agree to:*
 - 1) Carry out the work tasks identified in the sampling program,*
 - 2) Participate in organization/training/review meetings as required, and*
 - 3) Be committed to assisting with achieving the goals of the pilot program*

Printed Name: _____

Signature: _____

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 Aubrey Ellertson at (401)515-4892 or aellertson@cfrfoundation.org