



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: _____

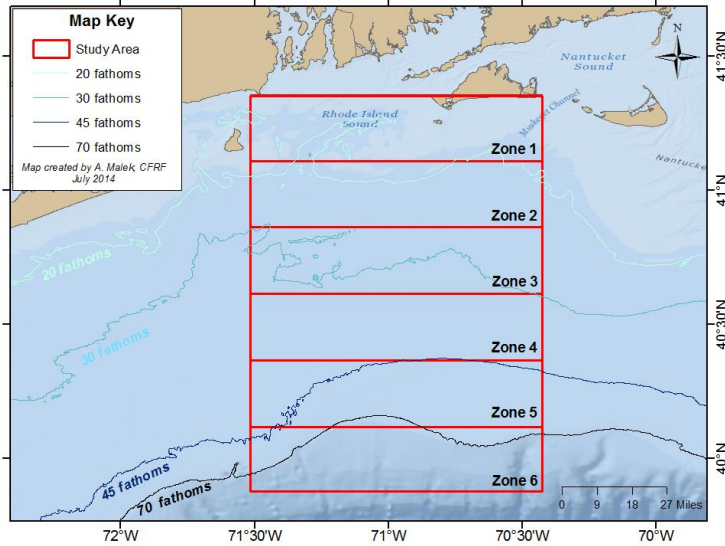
Target Species: _____

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

**Questions? Please contact Noelle Olsen, CFRF Research Biologist,
nolsen@cfrfoundation.org**