



**COMMERCIAL FISHERIES  
RESEARCH FOUNDATION**

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

**Vessel Application  
Revolution and Sunrise Wind Farm Trawl Survey**

**DUE DATE: October 31<sup>st</sup>, 2021**

(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: \_\_\_\_\_

Years of experience fishing in survey areas: \_\_\_\_\_

Currently fish in survey areas? YES NO

Vessel Length: \_\_\_\_\_

Vessel Width: \_\_\_\_\_

Vessel Horsepower: \_\_\_\_\_

Number of bunks on vessel: \_\_\_\_\_

Number of Dedicated Crew (including captain): \_\_\_\_\_

Fishing violations in the past year (please circle)? YES NO

***Vessel Permits & Licenses:***

Federal Permit Number: \_\_\_\_\_

Hull Number (Registration Number): \_\_\_\_\_

State License Number: \_\_\_\_\_

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? \_\_\_\_\_

Has the captain of any crew completed Drill Conductor Training within the last 5 years? YES      NO

Do the captain or any crew members currently possess STCW Safety Training, 100-Ton Master License or Radar Unlimited certification? YES      NO

If yes, who and what certifications? \_\_\_\_\_

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*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 **October 31<sup>st</sup>, 2021** to:

- 1) Email: [theimann@cfrfoundation.org](mailto: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***

***Dave Bethoney, CFRF Executive Director at (401) 515-4662, [dbethoney@cfrfoundation.org](mailto:dbethoney@cfrfoundation.org)***

***Or***

***Thomas Heimann, CFRF Research Biologist at (401) 515-4892, [theimann@cfrfoundation.org](mailto:theimann@cfrfoundation.org)***