

VESSEL APPLICATION CHECKLIST - MAINE GHOST GEAR RECOVERY PROJECT 2010

Please fill out the form as thoroughly as possible and return to the address below.

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| FISHERMAN INFO | |
| Captain's Name | |
| Address | |
| Phone/contact # | provide all numbers where you can be reached |
| E-mail (if used) | |
| Helper's Name | who will be working with you (if known) |
| Fishery/fisheries | |
| ME permit number | |
| Federal permit number | |
| Declared Lobster Zone | for those w/ a lobster license |
| VESSEL SPECIFICATIONS | |
| Vessel Name | |
| Home Port | |
| Vessel Type | Lobster boat? Dragger? How will she be rigged in March/April 2010? |
| Overall length & beam | |
| Deck capacity/stacked traps | |
| Horsepower | |
| EQUIPMENT & OUTFITTING | <input checked="" type="checkbox"/> DESCRIBE where appropriate |
| pot hauler? | |
| winch? | |
| anchors? (#) | |
| open transom? | |
| open/clear deck space? | |
| grapple gear? | |
| other equipment | |
| ELECTRONICS | <input checked="" type="checkbox"/> DESCRIBE where appropriate |
| VHF channel | |
| radar? | |
| depth sounder? | |
| GPS/plotter? | Locations of recovered gear must be noted in Latitude/Longitude |
| computer/laptop aboard? | Logbook can be filled out electronically or on paper |
| camera aboard? | For pics of anything unusual (rocks snared in sinking groundline, large lobsters, etc.) |
| SAFETY (mandatory) | <input checked="" type="checkbox"/> DESCRIBE where appropriate |
| CG safety inspection sticker | Vessel must have current safety sticker - list number and expiry date |
| | Number Expiration Date |
| insurance | Participants must carry their own insurance for all aboard (except for project staff members) |
| survival suits (number) | |
| life ring, raft? | |
| EPIRB | |
| Any other information you would like to include: | |