

VESSEL APPLICATION CHECKLIST - MAINE GHOST GEAR RECOVERY PROJECT 2010-2011		
Please fill out the form as thoroughly as possible and return to the address below.		
<b>FISHERMAN INFO</b>		
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
<b>VESSEL SPECIFICATIONS</b>		
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		
<b>EQUIPMENT &amp; OUTFITTING</b>	<input checked="" type="checkbox"/>	DESCRIBE where appropriate
pot hauler?		
winch?		
anchors? (#)		
open transom?		
open/clear deck space?		
grapple gear?		
other equipment		
<b>ELECTRONICS</b>	<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.)
<b>SAFETY (mandatory)</b>	<input checked="" type="checkbox"/>	DESCRIBE where appropriate
CG safety inspection sticker		Vessel must have current safety sticker - list number and expiry date
		Number <span style="float: right;">Expiration Date</span>
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:		