**Use the tab key to fill out the form**

Separate copy for each coastal state

**in Areas Under National Jurisdiction of**

|  |
| --- |
| **Name of coastal state:** |
| **Dates for sailing in coastal state’s EEZ and or territorial waters:** |

**Part A: GENERAL**

|  |
| --- |
| * 1. **Cruise name and/or number:** |
| **1.2 Sponsoring institution:**  Name:  Address:  Name of Director: |
| **1.3 Scientist in charge of the project (CV recommended to be included):**  Name:  Address:  Telephone:  Fax:  Email: |
| **1.4 Scientist(s) from coastal state involved in the planning of the project:**  Name(s):  Address: |
| **1.5 Submitting officer:**  Name and address:  Nationality:  Telephone:  Fax:  Email: |

**Part B: DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of research ship:** | | | | **Callsign:** | | | |
|  | **Dates of sailing:** | | | | | | **From:** | **To:** |
|  | **Purpose of research and general operational methods:** | | | | | | | |
|  | **Attach chart showing (on an appropriate scale) the geographical area of intended work, tracks of survey lines, positions of moored/seabed equipment**    **Attach also the separate .xlsx document with list of coordinates of intended stations** | | | | | | | |
|  | **Types of samples required, e.g. Geological/Water/Plankton/Fish/Radioactivity/Isotope:** | | | | | | | |
| **and methods by which samples will be obtained (including dredging/coring/drilling** | | | | | | | |
|  | **Details of moored equipment:** | | | | | | | |
| **Dates:** | | | | | | | |
| **Laying** | | **Recovery** | **Description** | | **Latitude**  DD 6 decimals | | **Longitude**  DD 6 decimals |
|  | **Explosives** |  | **Type and trade name** | | |  | | |
|  | **Chemical content** | | |  | | |
|  | **Depth of Trade class and stowage** | | |  | | |
|  | **Size** | | |  | | |
|  | **Depth of detonation** | | |  | | |
|  | **Frequency of detonation** | | |  | | |
|  | **Position in latitude and longitude** | | |  | | |
|  | **Dates of detonation** | | |  | | |
|  | **Detail and reference of:** | | | | | | | |
| * 1. **Any relevant previous/future cruises** | | | | | | | |
| * 1. **Any previously published research data relating to the proposed cruise. (Attach separate sheet if necessary).** | | | | | | | |
|  | **Names and addresses of scientists of the coastal state in whose waters the proposed cruise takes place and with whom previous contact has been made.** | | | | | | | |

|  |  |
| --- | --- |
|  | **State:** |
| * 1. **Port Calls** |
| * 1. **Whether visits to the ship in port by scientists of the coastal state concerned will be acceptable.** (Yes/No) |
| * 1. **Whether it will be acceptable to carry on board an observer from the coastal state for any part of the cruise and dates and ports of embarkation/disembarkation.** (Yes/No) |
| * 1. **When research data from intended cruise is likely to be made to the coastal state and if so by what means:** |

**Part C: SCIENTIFIC EQUIPMENT**

1. **Complete the following table –**

(Indicate “Yes” or “No”)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List of all major**  **marine scientific**  **equipment it is proposed to use and indicate waters in which it will be deployed.** | **Fisheries research within fishing limits** | **Research concerning**  **continental shelf out to coastal state’s margin** | **Distance from coast** | | |
| **Within**  **4 NM** | **Between**  **4-12 NM** | **Between**  **12-200 NM** |
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(On behalf of the Principal Scientist) Dated

N.B. IF ANY DETAILS ARE MATERIALLY CHANGED REGARDING DATES/AREA OF OPERATION

AFTER THIS FORM HAS BEEN SUBMITTED THE COASTAL STATE AUTHORITIES MUST BE NOTIFIED IMMEDIATELY