**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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|       |       |       |       |       |       |

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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