



Ship Time Request Form

Principal Investigator and/or Chief Scientist Name:

Institution Address:

Phone Number:

Fax Number:

Email Address:

Name of vessel requested:

Purpose of ship time:

Number of ship days required (including transit):

Optimum dates (Month/Day/Year):

Alternate dates (Month/Day/Year):

Proposed ports and area of operation:

Number in scientific party:

Will 24 hour operations be needed?

Will marine organisms be collected? If so attach copy of appropriate permit.

Equipment to be brought on board:

Equipment to be supplied by vessel:

Special requirements (equipment, handicap access, food, etc.):

Comments:

Forward completed form to:

David Bowman, Stony Brook University, School of Marine and Atmospheric Sciences, Stony Brook, NY
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Email: david.bowman@stonybrook.edu