

**MLML CRUISE PLAN - R/V SHEILA B.**

**1. General Information**

Cruise Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Estimated Time of Return: \_\_\_\_\_

Date & Time Loading: \_\_\_\_\_ Diving? \_\_\_\_\_ (You **MUST** complete diving clearance with MLML Dive Officer)

a. MLML Supported or Outside Funded? (check one)

b. Purpose: Class Thesis Research Education Other (check one)

**Billing Information**

Affiliation/Agency \_\_\_\_\_ Billing Address: \_\_\_\_\_

Account/PO#: \_\_\_\_\_

MLML Grant #: \_\_\_\_\_ (required)

**2. Chief Scientist** \_\_\_\_\_ Phone #: \_\_\_\_\_ Number in Party: \_\_\_\_\_

**3. Float Plan**

Area of Operation:

Type of Work:

Equipment / Technician Needed:

**CA FISH AND WILDLIFE PERMIT\***

Name \_\_\_\_\_ Permit # \_\_\_\_\_

24-Hr Notice of Collection YES NO (Monterey Field Office: 831-649-2870)

**\*Permit holder is responsible for notifying CA F&W in advance of collection and must complete the catch composition report on the back. Permit holder MUST be on board with the permit.**

**AUTHORIZATION**

Signature of Chief Scientist (Faculty Advisor signature required for class or thesis work)

Date

Signature of MLML Director/ Marine Superintendent

Date