

IV. DESCRIPTION OF OPERATIONS: Please type a description of your planned operations/activities

V. Scientific Personnel:

	Name	Affiliation	Role	Sex

VI. Equipment: Add line as needed

To Be Furnished By Scientific Party:

- 1.
- 2.
- 3.
- 4.
- 5.

To be Furnished by FSUCML:

- 1.
- 2.
- 3.
- 4.
- 5.

VII. Permits: List all permits you have for your scope of work.

Submitted by:

