



COMMERCIAL FISHERIES
RESEARCH FOUNDATION

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Southern New England Cooperative Ventless Trap Survey (SNECVTS)

Vessel Application

DUE DATE: April 26, 2017

(PLEASE PRINT)

(All Information will be kept confidential)

Application Information:

Name (Fishing Vessel Owner): _____

Captain (If different than fishing vessel owner): _____

Company Name (If Applicable): _____

Residential Address: _____

Mailing Address (If different than residential address):

E-mail Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Vessel Information:

Fishing Vessel Name: _____

Home Port: _____

Vessel Length: _____

Vessel Width: _____

Vessel Horsepower: _____

Number of Dedicated Crew (including captain): _____

Enclosed cabin (please circle)? YES NO

Target Species: _____

Lobster Management Areas Fished (please circle): LMA 2 LMA 3 BOTH

Area(s) most often fished: _____

Month's Typically Fished (e.g. April - December): _____

