

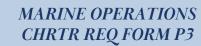
Charter Request Form - Marine Operations

If question does not apply to charter, respond with N/A.

1.) Host Institution / Company:
2.) Charter Party Agreement Charterer Contact Information:
Name: Email:
Tel: Tel alt.:
3.) Name of Principal Investigator:
4.) Additional / Supporting Institutions:
5.) Project Title & Brief Description:
6.) Estimated Number of Shipboard Scientific Personnel:
7.) Proposed Charter Start Date:
8.) Proposed Charter End Date:
9.) Total Number of Charter Days:
10.) Area/s of Charter Operation:



11.) Equipment Provided by Scientific Party (Dimensions, Weights etc.)
12.) Total Time (Hours / Days) Requested for Loading Scientific Equipment:
13.) Date, Time, Location for Loading Scientific Equipment:
14.) Port of Departure: Please specify if loading location is different from Port of Departure
11.) To real Bopartare. I touse specify it toughing tooution is different from Fore of Bopartare
15.) Date & Time of Departure:
16.) Date a Time of Departure.
16.) Date & Time of Return: Please specify if different from Departure Location
17.) Date, Time Location for Off-Loading: Please specify if different from Departure Location
18.) Shipboard Equipment Requirements:
19.) Identify Additional Support Required (Special Instructions etc.)





20.) Identify Hazardous / Explosive / Radioactive Materials to be Carried:
21 \ Identify Classes as / Liagraps / Dawnita Dagwinedo
21.) Identify Clearances / Licenses / Permits Required:
22.) Are Diving Operations Required? Yes No No
23.) Identify Medical / Allergy Concerns:
24.) VIMS to Provide Meals? Yes No No
If Yes, Identify Number of Each:
Breakfast:
Lunch:
Dinner:



Detail Descriptions

- 1. Host institution/Company: Primary agency responsible for the charter
- 2. Name of Charter Party Agreement Primary Point of Contact: Contact person overall responsible for the charter or billing official
 - a. Email: Charter Party POC email address
 - b. Phone: Charter Party POC phone number, indicated work or cell number
- 3. Name of Principle Investigator: Lead scientist that will be accompanying the project.
 - a. Email: PI email address
 - b. Phone: PI phone number, indicate work of cell number
- 4. Additional/Support Institutions: Other institutions participating in the project.
- 5. Project (Title and Brief Description): Provide details that will help our team understand and better support your project and build your cost estimate.
- 6. Estimated Number of Shipboard personnel: Total number of personnel that will require support while aboard the vessel (berthing/rations)
- 7. Proposed Charter Start Date: Date charter will start, include equipment loading dates.
- 8. Proposed Charter End Date: Date charter will end, include equipment off-loading dates
- 9. Charters Total Number of Days: calculate total days
- 10. Area of Operations: Be as specific as possible so we can calculate travel time.
- 11. Equipment provided by scientific party: Include estimated weights and dimensions.
- 12. Total time (Hours/Days) required for loading equipment: Estimated time
- 13. Date, time, location for loading equipment/gear: specify if equipment loading location is different than port of departure.
- 14. Support equipment required for loading equipment: Identify the need for a forklift, crane, etc.
- 15. Port of Departure/Mobilization: location scientific crew will board the vessel for departure to project location.
- 16. Date, Time group of departure:
- 17. Date, Time group of port of return: Location scientist we depart, ending the charter. Please specify if different than port of departure):
- 18. Date, time, location for off-loading equipment/gear: specify if equipment off-loading location is different than port of departure.
- 19. Identify additional support required (special instructions): list any specialized science outfitting requirements
- 20. Hazardous/Explosives/Radioactive Materials Carried: list all materials of concern
- 21. Clearances/Licenses/Permits Required: List items that will require VIMS support to obtain
- 22. Are Diving Operations Planned: Yes or No
- 23. Medical/Allergy Concerns: Identify scientists with these issues.
- 24. All vessels have drinking water on board. If you need VIMS to provide meals for your party, please provide the total count for breakfast (B); lunch (L) and/or dinner (D)

If the question does not apply to your charter, respond with N/A.

If at any time you have question or need assistance filling out the Charter request form, contact Terri Major at (804) 684-7056 or tcmajor@vims.edu