

**Cooperative Marine Turtle Tagging Program (CMTTP)
TAG REQUEST FORM**

Name of Project Leader _____

Affiliation or Organization _____

Mailing Address _____

Telephone: _____ FAX: _____ Email: _____

Number of tags requested _____ @ \$70 per 100 tags \$ _____

Number of tag applicators requested _____ @ \$18 each \$ _____

_____ I do not have funds to purchase tags and request that NMFS provides tags at no cost.

_____ A check for \$ _____ (payable to *University of Florida*) is enclosed.

_____ A check for \$ _____ will follow.

I have read the Data Policy statement of the Cooperative Marine Turtle Tagging Program, and I agree with the conditions and stipulations. I understand that NMFS reserves the right to access the CMTTP database for sea turtle management purposes. In addition, I allow the following use(s) by NMFS of the data entrusted to the CMTTP without further permission from me with the understanding that NMFS will acknowledge the tagging program and Principal Investigators:

_____ No additional use of data without further permission.

_____ Presentation or publication of any tagging and/or recapture data.

_____ Presentation or publication of tagging data of "my" tagged turtles recaptured elsewhere.

_____ Presentation or publication of my recapture data of turtles tagged elsewhere.

I also assume responsibility to ensure that no one in my program will use CMTTP tags without first obtaining all necessary State and Federal permit.

Signature of Project Leader _____

Print or type name _____

Date _____

Send completed request form to:

Archie Carr Center for Sea Turtle Research
PO Box 118525, Bartram Hall
University of Florida
Gainesville, FL 32611 USA
FAX: 352 392 9166