

# UCSC CRUISE PLAN / BOATING PROJECT APPLICATION

DATE:  PROJECT #:

APPLICANT:  LEAD DIVER:

EMAIL:   
PHONE:

PI/ADVISOR:   
DEPARTMENT:

PROJECT TITLE:

PROJECT DESCRIPTION:

SITE LOCATIONS:

### FUNDING SOURCE

SOURCE NAME:

ACCOUNT#:  DATE BILLED:  DATE PAID:

### PLAN INFORMATION

BOAT OPERATORS:  UCSC CREW:

CREW - OTHER INSTITUTIONS:

CRUISE DATES:

SHORE CONTACT NAME:  CONTACT #:

EMERGENCY PLAN:

### VESSEL / ENGINE REQUEST

VESSEL DESCRIPTION	DATE	CONDITION	DATE	CHECK-IN CONDITION
ENGINE DESCRIPTION	DATE	CONDITION	DATE	CHECK-IN CONDITION

FILL OUT BOTH SIDES OF FORM COMPLETELY

VESSEL SUPPORT EQUIPMENT REQUEST

DESCRIPTION	DATE	CONDITION	DATE	CHECK-IN CONDITION
FUEL TANKS				
LIFE JACKETS				
ANCHOR				
TOOL KIT				
OARS				
BILGE PUMP				
AIR PUMP				
OXYGEN KIT				
FIRST AID KIT				
RADIO				
GPS				
DEPTH SOUNDER				

ADDITIONAL NOTES

APPLICANT

PRINT NAME:	SIGNATURE:	DATE:
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PRINCIPAL INVESTIGATOR / ADVISOR

PRINT NAME:	SIGNATURE:	DATE:
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DIVING SAFETY OFFICER

PRINT NAME:	SIGNATURE:	DATE:
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