



FOR OFFICIAL USE
Date received / /
Date approved / /
Approval number /
Name of IOTC officer

REQUEST FOR OBSERVER DEPLOYMENT	
FISHING (LSTLV) CPC REQUESTING TRANSHIPMENT:	
CPC CONTACT:	
ADDRESS:	
TEL:	
FAX:	
EMAIL:	

**Carrier Vessel details**

Name Vessel:	
IOTC Number:	
Flag of Vessel:	
Satellite Phone:	
Satellite Fax:	
Name of vessel Owner/Operator:	
Address:	
TEL: +	FAX: +
	MOBILE PHONE: +
EMAIL:	

**Operational details\***

Port of departure:	
Departure date:	
Port of observer embarkation:	
Departure date following embarkation of observer:	

Vessels from which transhipments will be taken	IOTC No.	Expected date of transhipment	Will transhipment involve SBT?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Expected date of arrival in port:	
Port of arrival (observer disembarkation):	
Port of landing:	
Ports of call on route:	

\* If deployment cannot be effected at port, full details on transfer vessels to be used must be submitted.

PLEASE NOTE: ACCURATE DETAILS ON DATE AND PLACE OF EMBARKATION AND PLACE OF DESEMBARKATION OF THE OBSERVER ARE VITAL TO THE EFFECTIVE IMPLEMENTATION OF THE PROGRAMME AND TO MAINTAINING THE COSTS OF THE PROGRAMME WITHIN THE BUDGET