

NOAA FORM 77-65 (REV 8-84)		U.S. DEPARTMENT OF COMMERCE NOAA		1. ORIGINATING OFFICE		2. DATE	
REQUEST FOR SHIP TIME (FY )							
3. PROJECT/CRUISE TITLE				4. ORIGINAL REQUEST <input type="checkbox"/> CHANGE NUMBER <input type="checkbox"/> (if update complete Item 5)		5. DATE OF ORIGINAL REQUEST	
6. SHIP PREFERENCES (In Order of Preference)				7. PROGRAM MANAGER (Name, Routing Code, Telephone)			
8. CHIEF SCIENTIST (Name, Routing Code, Telephone)				9. ADDITIONAL CONTACTS			
10. PROJECT/CRUISE OBJECTIVES AND DESCRIPTION Use a continuation sheet if necessary							
POSSIBLE FOREIGN RESEARCH OR PORT CLEARANCES							
11. PROJECT AREA (Include Charlet)				12. SEATIME REQUIRED (Including Transit Time) IN DAYS:			
				DESIRED		MINIMUM ACCEPTABLE	
13. CRUISE PERIOD (Months)				14. THIS PROJECT WILL BE PRIMARY <input type="checkbox"/> PIGGYBACK <input type="checkbox"/>			
15a. NOAA PROGRAM PERSONNEL <input type="checkbox"/> SHIP'S COMPANY ONLY							
	MAX/MIN	OFFICE	BERTHING REQUIRED				
SCIENTISTS							
TECHNICIANS							
TOTAL							
15b. NON-NOAA PARTICIPANTS AND THEIR AFFILIATION							
PERSONNEL (Names)				AFFILIATIONS			
15c. NON-NOAA BERTHS REQUIRED:				15d. TOTAL BERTHS REQUIRED:			
16. SUGGESTED PIGGYBACK PROJECTS AND TIME REQUIREMENTS (or Restrictions) WHICH CAN BE ACCOMMODATED:							
17. SHIP CAPABILITIES REQUIREMENTS							
ENDURANCE (Days)		LAB SPACE (Sq. feet)		WET		DRY	
MINIMUM POSITION ACCURACY REQUIRED ±				ON STATION TIME:		SPEED (Knots):	
18.							
ELECTRONIC		OCEANOGRAPHIC			GEAR HANDLING		
SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>			SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		
19. ON BOARD PROCESSING REQUIREMENTS				OUTPUT REQUIRED			
				MAG TAPE PAPER TAPE PRINTOUT ANALOG OTHER (Specify)			
20. PROGRAM FURNISHED EQUIPMENT							
ITEM	DESCRIPTION			WT. (lbs.)	POWER REQD.	SPACE REQUIRED	LOCATION PREFERENCE
1							
2							
3							
4							
21. STAGING TIME REQUIRED (Days/Location): Days Location				DESTAGING TIME REQUIRED (Days/Location): Days Location			
22. APPROVED			DATE	TITLE			Remarks Continue on Reverse

**Continuation:** Use this area if needed for additional information.