

**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 _____ @ \$95 per 100 tags \$ _____

Number of tag applicators requested _____ @ \$25 each \$ _____

NOTE: Above prices include postage for shipments within USA. There will be an additional charge for all international shipments. If international shipment, please contact us for shipping charges at accstr@ufl.edu.

_____ 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:

_____ No additional use of data without further permission.

_____ Presentation or publication of any 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 permits.

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
Email: accstr@ufl.edu