

REQUEST FOR OBSERVER DEPLOYMENT AND/OR TRANSSHIPMENT

| FISHING (LSTLV) CPC REQUESTING TRANSSHIPMENT | | |
|---|--------------------------------------|--------------------------------------|
| CPC CONTACT: | | |
| ADDRESS: | | |
| TEL: | FAX: | EMAIL: |
| Carrier Vessel details | 1 | |
| Name of Carrier Vessel | | |
| IATTC LIST Number | | |
| Flag of Carrier Vessel | | |
| Carrier Vessel Contact Address | | |
| Tel: | Fax: | Email: |
| Operational details* | | |
| Port of departure | | |
| Departure date | | observer embarkation |
| Vessels from which transshipments will be taken | IATTC List No. | Expected date of transshipment |
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| | | |
| | | |
| | 1 | |
| Expected date of arrival in port: | | |
| Port of arrival: | | observer disembarkation |
| Ports of call on route: | | |
| * If deployment cannot be effected | at port, full details on transfer ve | essels to be used must be submitted. |