



**GOVERNMENT OF ST. CHRISTOPHER (ST. KITTS) AND NEVIS**



**Department of Marine Resources**

Telephone: (869) 465-8045  
Facsimile: (869) 466-7254  
Email: dmrskn@gmail.com

C. A Paul Southwell Industrial Park  
P O Box 3, Basseterre,  
St. Kitts, West Indies

**Application to Conduct Marine Scientific Research  
in St. Kitts and Nevis**

**Date:**

1. General Information

1.1 Cruise name and/or #:	
---------------------------	--

1.2 Sponsoring institution:	
Name:	
Address:	
Name of Director:	

1.3 Scientist in charge of the project <i>(include CV and photo)</i> :	
Name:	
Address:	
Affiliation(s)	
Telephone:	
Fax and Email:	

1.4 Entity(ies)/Participant(s) from St. Kitts and Nevis involved in the planning of the project:	
Name(s):	
Address:	
Telephone:	
Fax and Email:	

2. Description of Project *(Attach additional pages as necessary)*

2.1 Nature and objective(s) of the project:

2.2 Relevant previous, current or future research cruises/project(s):

2.3 Previously published research data relating to the project:

### 3. Geographical Areas

3.1 Indicate geographical areas in which the project is to be conducted (with reference in latitude and longitude):

3.2 Attach chart(s) at an appropriate scale (1 page, high-resolution) showing the geographical areas of the intended work and, as far as practicable, the positions of intended stations, the tracks of survey lines, and the locations of installations and equipment.

### 4. Methods and Means to be Used

4.1 Particulars of vessel:	
Name:	
Type/Class	
Nationality (Flag state):	
IMO number:	
Owner:	
Operator:	
Overall length:	
Maximum draught:	
Displacement/Gross tonnage:	
Propulsion:	
Cruising & maximum speed:	
Call sign:	
INMARSAT number, method and capability of communication (including emergency frequencies):	
Method and capability of communication (including emergency frequencies):	
Name of master:	
Number of crew:	
Number of scientists on board:	

4.2 Aircraft or other craft to be used in the project:

4.3 Particulars of methods and scientific instruments ( <i>include measurements</i> )		
Types of samples and data	Methods to be used	Instruments to be used

4.4 Indicate nature and quantity of substances to be released into the marine environment:

4.5 Indicate whether harmful substances will be used:

--

4.6 Indicate whether drilling will be carried out ( <i>if yes, specify</i> ):

4.7 Indicate whether explosives will be used:

5. Installations and Equipment

Details of installations and equipment (dates of laying, servicing, recovery; exact locations and depth):

6. Dates

6.1 Expected dates of first entry into and final departure from the research area of the researcher(s), vessel and/or other platforms:

6.2 Indicated if multiple entries are expected:

7. Port Calls

7.1 Dates and names of intended ports of call:

7.2 Any special logistical requirements at ports of call:

7.3 Name/Address/Telephone of shipping agent ( <i>if applicable</i> ):

8. Participation of representatives from St. Kitts and Nevis:

8.1 Modalities of participation of the representative from the coastal state to participate or to be represented in the research project:

8.2 Proposed dates and ports for embarkation/disembarkation:

9. Access to data, samples and research results

9.1 Expected dates of submission to coastal state of preliminary reports, which should include the expected dates of submission of the final results:

9.2 Proposed means for access by coastal state to data (including format) and samples:
--

--

9.3 Proposed means to provide coastal state with assessment of data, samples and research results; and provide assistance in assessment or interpretation:

9.4 Proposed means of making results internationally available:

10. Other permits

10.1 This form is not applicable to requests regarding access to marine genetic resources research/activities (*Please contact the Department of Environment*).

10.2 Please also forward a copy of this application to St. Kitts and Nevis' Ministry of Foreign Affairs for entry approval.

Name, Post and Signature of submitting officer:

Contact information of the focal point:

- Name:
- Country:
- Affiliation:
- Address:
- Telephone:
- Fax:
- Email: