

**KEYS MARINE LABORATORY
FACILITIES USE REQUEST**

This form will be used by the Keys Marine Laboratory board to review requests for KML use and by the KML staff in scheduling housing, boat use, lab use, etc. Please be as descriptive and thorough as possible in completing this form. The information you provide will assist us in making your use of the KML as productive as possible. Please forward the completed form to Lisa Tipsword at the Keys Marine Laboratory, P.O. Box 968, Layton/Long Key, Florida 33001 or fax to (305) 664-0850.

If you have any questions about the available facilities, equipment, boats, sampling areas, etc., please do not hesitate to contact Lisa Tipsword or any other staff members of the lab at (305) 664-9101 or Email: tipsword@keysmarinelab.org

NAME _____

ADDRESS _____

City State Zip

PHONE NO. _____

FAX NO. _____

E-MAIL ADDRESS _____

DATE AND TIME OF ARRIVAL _____

DATE AND TIME OF DEPARTURE _____

BRIEF DESCRIPTION OF PROJECT: (Attach additional sheets if necessary)

COURSE TITLE AND NUMBER: _____

Please check all that apply:

Education - Total # Students

Undergraduate _____

Graduate _____

Other _____

Research

Scientist/Faculty

Masters Project

Ph.D. Project

Post Doc Project

Other _____

Funding

NSF Funded

Other _____

****FULL AMOUNT OF BOOKING RESERVATION WILL BE DUE**

IF CANCELLED WITH LESS THAN 30 DAY NOTICE **

FUNDED? YES NO; FUNDING SOURCE _____

****** IMPORTANT TAX EXEMPT INFORMATION ******

To claim tax exemption, you MUST provide a State of Florida Tax Exempt Certificate (DR14). The billing address provided MUST match the address on the Tax Certificate. Please visit the State of Florida website for application information http://floridarevenue.com/Forms_library/current/dr5.pdf

FLORIDA TAX EXEMPT? YES NO IF YES, PLEASE PROVIDE CURRENT CERTIFICATE

NAMES OF PEOPLE IN GROUP:

NEEDS:

Dormitory Space (TOTAL NUMBER OF PERSONS AND GENDER): # males _____ # females _____
children are not allowed in the dorms TOTAL _____

(ALL PERSONS, STAFF OR STUDENT, SHOULD BE INCLUDED IN THIS TOTAL IF THEY WILL REQUIRE A BED IN OUR DORMS ALSO, SEPARATION IS BY GENDER... STAFF, STUDENTS, & DIFFERENT GROUPS MAY SHARE A ROOM)

Classroom (hours and dates) _____

Wet Lab use (tanks, tables, etc) Please fill out Sea Water Systems Use Form (SURF) _____

Dry Lab (bench space and equipment) _____

Cold Storage Space Required<'Tgfrigerator _____ cu.ft.

.....Freezer _____ cu.ft.

.....Freezer (-80C) _____ cu.ft.

Sea Water Systems needs - Please fill out Sea Water Systems Use Form (SURF) _____

Boat Use (Dates, Time, Number of Persons) _____

SCUBA Use (AAUS certification required, equipment not provided) _____

Toxic and Other Chemicals to be Used on Site (MUST REMOVE OR DISPOSE, CANNOT LEAVE)

Disposal Plan : _____

"
ICEWE'RTQVQEQNU'ht'cm'xgtv'gdtcvg'tgugctej 'cpf 'gf wecvkqp'cv'MO N<'Tgugctej 'cpf 'gf wecvkqp'i tqwr u'cv'MO N'
ctg'tgs vktgf 'vq'r tqxkf g'vj gkt 'crr tqxgf 'ICEWE'Rrcp'ltqo 'vj gkt 'j qo g'kpukwv'kqp'ht'MO NIHQ'tgxkgy 'cpf 'crr tqxcrf'
Vj gug'r rcpu'o wuv'dg'tgegkxgf '67'dwulpgu'f c{u'r tkqt'vq}{qwt'cttkxcr'vq'cmjy 'cf gs wecv'vko g'ht'qwt'tgxkgy 'r tqegu0
Plants/Animals to be Collected or used for Experiments (A collecting permit may be required for Regulated
Species). If a permit is required, please name the "KML staff" as authorized personnel on your permit
application.
"

Other Equipment Needs _____

"
Additional Information _____

PLEASE NOTE: ALL KML USERS ARE RESPONSIBLE FOR DISMANTLING AND PROPERLY DISPOSING OF ANY ITEMS USED FOR THEIR RESEARCH DURING THEIR STAY. FAILURE TO DO SO WILL RESULT IN A CHARGE FOR STAFF TIME TO CLEANUP AND REMOVE THESE ITEMS.

Date of Request: _____

Signature: _____

Title: _____

****I hereby agree to acknowledge Keys Marine Laboratory in any publications resulting from work conducted while utilizing KML services. Additionally, I agree to provide copies of any/all publications to KML free of charge and in a timely manner.**

BILLING INSTRUCTIONS: YOU MUST CHECK ONE AND PRINT BILLING ADDRESS

*****PLEASE NOTE --- MAKE ALL CHECKS PAYABLE TO USF/FIO*****

Bill my institution: Bill me personally: (billing address must match tax cert)

We accept credit cards for payment...please follow instructions provided on your invoice from USF/FIO... Visa or MasterCard ONLY

Billing Address: _____ NOTE:(Billing address is not listed, the name/
address on the first page will be used)