

**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 us at (305) 664-9101 or Email: [lisa.tipsword@fwc.state.fl.us](mailto:lisa.tipsword@fwc.state.fl.us)**

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)

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FUNDED? \_\_\_\_\_ FUNDING SOURCE \_\_\_\_\_

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 (equipment, aquaria ,etc.) \_\_\_\_\_

Dry Lab (bench space and equipment) \_\_\_\_\_

Cold Storage Space Required? \_\_\_\_\_

Refrigerator \_\_\_\_\_ cu.ft.

Freezer \_\_\_\_\_ cu.ft.

Freezer (-40C) \_\_\_\_\_ cu.ft.

Outside Holding Tanks or Pens \_\_\_\_\_

Boat Use (Dates, Time, Number of Persons) \_\_\_\_\_

Scuba Use (Contact KML for certification requirements, equipment not provided at KML) \_\_\_\_\_

Toxic and Other Chemicals to be Used on Site \_\_\_\_\_

Disposal Plan \_\_\_\_\_

Radioisotope Use YES/NO If yes, Permit # \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_ Other \_\_\_\_\_

Billing Address \_\_\_\_\_

NOTE: (If billing address is not listed, the name/  
address on the first page will be used)

\_\_\_\_\_

Tax certificate # \_\_\_\_\_

\_\_\_\_\_