

LH VIKING VEHICLE REQUEST FORM



Faculty Name: _____

Department: _____

Campus Address: _____

Campus Phone: _____ Email Address: _____

Date(s) Requested: _____

Pick-up Date/Time: _____ Drop-off Date/Time: _____

Travel Plan on File with: _____

Destination: _____ Estimated Duration of Trip: _____

Gas to be paid through account number: _____

Name of Approved R/T Project:

- Coastal Ocean Observations: Correlations between AVARR-SST Data and Presence of Sea Turtles
- Coastwatch Data Validation Study
- Other – Specify: _____

If students are on board:

Name	SSN	Class Feature	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continue on back if necessary

Signature / Date

Contact Information:

Mr. Joal Hathaway, LH Viking Vessel Coordinator
ONR/NRTS Box 672 ECSU 1704 Weeksville Rd. Elizabeth City, NC 27909
(252) 335-3696 voice (252) 335-3790 fax hathaway@umfort.cs.ecsu.edu

48 HOUR ADVANCE NOTICE REQUIRED