

**Northeast Fisheries Science Center**  
**Fisheries Sampling Branch Observer Programs**  
**FSB TRAINING CERTIFICATION REQUEST FORM**

Part 1: To Be Completed by the Provider Requesting Training

**Provider Company:** \_\_\_\_\_

**Date of Training Request:** \_\_\_\_\_

**Training Certification Type:** Select Only one Training Certification Type per form

ASM Initial Training (11 days): _____ ASM Specialized	NEFOP Initial Training (15 days): _____ NEFOP Specialized	Safety I Training (2.5 days): _____ Safety II Training (2 days): _____ Safety III Training (1 day): _____
NEFOP to ASM Cross (5 days): _____	ASM to NEFOP Cross (7 days): _____	
ASM Recertification I or II (1 or 3 days): _____	Shrimp Trawl (1 day): _____ Longline (1 day): _____	
IFS Initial Training (13 days): _____ IFS Specialized	Pot Trap (1 day): _____	Other Training Request: _____ _____
ASM to IFS Cross: (9-10 days): _____	Clam Quahog Dredge (1.5 days): _____ High Volume Fishery (1.5 days): _____	

**Number of Candidates Requested:** \_\_\_\_\_  
(Minimum of eight total required for a class)

**Training Date(s)/Time Range Requested:** \_\_\_\_\_

**Justification of Need:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Considerations:** \_\_\_\_\_  
\_\_\_\_\_

**Requested By (Name):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Special Note-Review Process:  
Upon completion of all fields within this request form, a review will be conducted at the subsequently scheduled FSB Projected Training Schedule meeting. Decisions and feedback will be provided thereafter by FSB Staff to the requesting Provider.

Part 2: To Be Completed by FSB Staff Only

**FSB Staff Received By (Name):** \_\_\_\_\_ **Date Request Received:** \_\_\_\_\_

**Any modification to the original request with justifications outlined below and recommended by FSB Staff:** (Notes from training meetings specifics who, when and reasons)

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**Result of Request:**    **Approved:** \_\_\_\_\_    **Rejected:** \_\_\_\_\_

**FSB Projected Training Date:** \_\_\_\_\_

**Final Result By (Name):** \_\_\_\_\_    **Date of Result:** \_\_\_\_\_

**Justification of Result:**

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