Voluntary Vessel Trip Report Form
Flower Garden Banks National Marine Sanctuary Regulations

Please submit this form to FGBNMS within 7 days of each visit to the sanctuary.

Today's Date: _____

VESSEL INFORMATION

Name of Vessel: _____

Documentation Number (if applicable): _____

State Registration Number: _____

Radio Call Sign: _____

VISIT INFORMATION

Date(s) of Visit: _____

Number of passengers and crew aboard the vessel: _____

Sites Visited (check all that apply):

- ☐ Stetson Bank Date(s) of Visit: _____
- ☐ East Flower Garden Bank Date(s) of Visit: _____
- ☐ West Flower Garden Bank Date(s) of Visit: _____

Activities performed during visit (check all that apply):

- ☐ Diving
  - Number of dives at Stetson Bank: _____
  - Number of dives at East Flower Garden Bank: _____
  - Number of dives at West Flower Garden Bank: _____
- ☐ Recreational Fishing (see below) OR ☐ Commercial Fishing (see below)
  - Did you catch and keep? ☐ Yes ☐ No
  - Did you catch and release? ☐ Yes ☐ No
- ☐ Mooring on Buoy
- ☐ Research
- ☐ Oil/Gas Related
- ☐ Other (describe): _____

SPECIES SIGHTINGS

Please list sightings of any species of note (i.e. sea turtle, shark, ray, octopus, squid).

SANCTUARY REGULATIONS

Were any possible violations of sanctuary rules or regulations observed during your visit?

- ☐ Yes...Please complete the Reporting Form for Suspected Violations
- ☐ No

Please send completed form to the sanctuary:

mail: Attn: Vessel Reports
Flower Garden Banks NMS
4700 Avenue U, Bldg 216
Galveston, TX 77551

fax: (409) 621-1316
email: flowergarden@noaa.gov

Questions? Call (409) 621-5151, x103