



GOVERNMENT OF BARBADOS
COASTAL ZONE MANAGEMENT UNIT
BAY STREET, ST. MICHAEL



Our Ref:

Tel. Nos. (246) 228 – 5950/51/52 Fax No. (246) 228 - 5956

CORAL REEF RESEARCH PERMIT
APPLICATION FORM

Application instructions

The following information will be asked for to successfully complete the application process:

A. CONTACT DETAILS:

(1) Contact Information about applicant

Applicant(s):

(Individual(s) responsible for the project)

Address:

(Include affiliation, mailing address, phone, fax and e-mail)

Sponsor(s):

(Organizations supporting your work)

Funding Source(s):

(Organizations providing financial help to work)

B. PROJECT PROPOSAL:

(2) Project Title:

(10 words or less)

(3) Summary of Study:

(250 words or less) (Site references if applicable)

(4) Time Period:

Start time and dates

(Include time required for field work)

(5) Location of Activity on the Barbados Coast:

(Provide latitude and longitude coordinates or GPS location)

(6) Project Personnel:

(Include people who will actually do the work)

(7) **Project Rationale:**
(100 words or less)

(See overleaf)

(8) **Objectives:**
(Please use point form)

(9) **Methods:**
(200 words or less) (Site references if applicable)

C. **ADDITIONAL INFORMATION**

CURRENT CONSULTATIONS

(List all contacts you have already contacted)

PROPOSED USE OF LOCAL KNOWLEDGE

OPPORTUNITIES FOR LOCAL PARTICIPATION

IF YOU ARE COLLECTING SPECIMENS, CONTACT INFORMATION FOR REPOSITORIES.

The Director

Coastal Zone Management Unit

Bay Street, St. Michael

Barbados

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“a coast to be proud of”