

Keys Marine Laboratory Facilities Use Request Form (FURF) VER. 2017.05

This form will be used by the Keys Marine Laboratory administrative staff to review request and schedule housing, boat use, lab use etc. Please be descriptive and thorough, the information you provide will assist us in making your use of the KML as productive as possible. If you have questions about the available facilities, equipment, boats, sampling areas etc., please contact Keys Marine Lab at 305-664-9101 or email at tipsword@keysmarinelab.org

Please send completed forms to Lisa Tipsword at the Keys Marine Lab: tipsword@keysmarinelab.org

NAME _____

AFFILIATION _____

ADDRESS _____

City _____ State _____ Zip _____

PHONE NO. _____

E-MAIL ADDRESS _____

DATE AND TIME OF ARRIVAL _____

DATE AND TIME OF DEPARTURE _____

DATE OF REQUEST _____

Please check all that apply:

Education **# People**

Undergrad

Graduate

Other:

Research

Scientist/Faculty

Masters Project

Ph.D. Project

Post Doc Project

Other:

Funding

NSF Funded

Other:

BILLING INSTRUCTIONS: (billing address must match tax exempt certificate)

Bill my institution: _____ Bill me personally: _____ **Invoicing:** Please follow instructions provided on your invoice from USF/FIO. Only Visa and Master Card accepted. Checks payable to "USF/FIO".

Billing Address same as above: Yes _____ **No** _____
(If different, please provide here) _____

FLORIDA TAX EXEMPT? Yes _____ No _____ (If Yes, please provide current State of Florida Certificate)

IMPORTANT TAX EXEMPT INFORMATION: To claim tax exemption, you MUST provide a State of Florida Tax Exempt Certificate (DR14). The billing address provided must match the address on the Tax Certificate. Please visit the State of Florida website for application information http://floridarevenue.com/Forms_library/current/dr5.pdf

This KML Facility Use Request Form (FURF) serves as your contract with Keys Marine Laboratory and the Florida Institute of Oceanography at University South Florida for goods and services provided.

IF CANCELLATION WITH LESS THAN 30 DAYS NOTICE, FULL BOOKING RESERVATION WILL BE DUE

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BRIEF DESCRIPTION OF PROJECT OR COURSE TITLE AND NUMBER: (Attach additional sheets if necessary)

NAMES OF PEOPLE IN GROUP _____

ALL KML FACILITY USE & SERVICES

DORMITORY SPACE (TOTAL NUMBER OF PERSONS AND GENDER): # males _____ # females _____
children are not allowed in the dorms TOTAL _____
(SEPARATION IS BY GENDER... STAFF, STUDENTS, & DIFFERENT GROUPS MAY SHARE A ROOM)

CLASSROOM (dates and time) _____

WET LAB / SEAWATER SYSTEMS (tanks, tables, etc.) Yes _____ No _____

If Yes: Please fill out **Seawater Use Request Form (SURF)**

DRY LAB OR SPECIAL PROJECT DESCRIPTION (bench space and equipment)

Cold Storage Space Required (chemicals and/or specimens)? Yes _____ No _____

Refrigerator: _____ cu.ft. Freezer: _____ cu.ft. Freezer (-80C): _____ cu.ft.

BOAT USE KML: Yes _____ No _____ Full day ___ Half day ___ # people _____

OTHER: Yes _____ No _____ Vessel Length: _____ Dockage: Yes _____ No _____

Other Vessel Needs:

Date(s): _____

If "Yes" Please Fill Out required forms:

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SCUBA DIVING ACTIVITIES (current AAUS certification required, dive gear not provided)

Diving: Yes _____ No _____ # AAUS divers: _____ # of Diving Days (est.): _____ # KML Cylinders: _____

Please Note: All KML users are responsible for cleanup, dismantling, and proper disposal of any items used for their projects during their stay. Failure to do so will result in a staff time charges for cleanup and remove these items.

LIST ALL CHEMICALS to be used on site:

Disposal Plan (No long-term chemical storage: all chemicals and/or waste must be removed and properly disposed of)

COLLECTIONS: Yes _____ No _____ **Permits required:** Yes _____ No _____

For all specimen collected or used for Education and/or Research, see Permitting Requirements. If permits are required, please name the "KML staff" as authorized personnel on your permit application.

IACUC PROTOCOLS FOR ALL VERTEBRATE RESEARCH AND EDUCATION AT KML

Research and education groups at KML are required to provide their approved IACUC Plan from their home institution for KML/FIO review and approval. These plans must be received 45 business days prior to your arrival to allow adequate time for our review process.

IACUC Approval Required: Yes _____ No _____ **Permits required:** Yes _____ No _____

PUBLICATIONS: I hereby agree to acknowledge 'Keys Marine Laboratory' in any publications resulting from work conducted while utilizing KML services. Additionally, I agree to provide copies of any/all publications to KML free of charge and in a timely manner.

DELINQUENT ACCOUNTS may be turned over to a collection agency and all Collection Fees, including legal fees will be added to the account balance.

Notice of consent to collection communications: I expressly consent to you, your affiliates, agents, and service providers using written, electronic, or verbal means to contact me as the law allows. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, emails and/or automated telephone dialing systems. I also expressly consent to you, your affiliates, agents, and service providers contacting me by telephone at any telephone number associated with my account, currently or in the future, including wireless telephone numbers, regardless of whether I incur charges as a result. I agree that you, your affiliates, agents, and service providers may record telephone calls regarding my account in assurance of quality and/or other reasons.

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Date of Request _____ Signature _____

Title _____

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