

# COOPERATIVE MARINE TURTLE TAGGING PROGRAM (CMTTP)

## TAGGING DATA FORM

SPECIES: \_\_\_\_\_ DATE CAPTURED: DAY \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_ DATE RELEASED: DAY \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

**TAG NUMBERS** (LIST ALL NUMBERS AND LETTER PREFIXES; CIRCLE TAG NUMBERS ALREADY ON THE TURTLE [= "OLD TAGS"]):

LEFT RIGHT LEFT RIGHT  
FRONT: FRONT: REAR: REAR: \_\_\_\_\_

PIT TAG #: \_\_\_\_\_ LOCATION OF PIT TAG: \_\_\_\_\_

**WAS TURTLE CARRYING TAGS WHEN ENCOUNTERED?:** YES NO IF YES, THEN CIRCLE CORRECT STATEMENT:

1. RECAPTURE OF SAME PROJECT TURTLE (EITHER WITHIN SEASON OR BETWEEN SEASONS)
2. RECAPTURE OF DIFFERENT PROJECT TURTLE (NOT A TAG YOUR GROUP APPLIED)

TAG RETURN ADDRESS:

**ORGANIZATION TAGGING AND/OR RELEASING TURTLE** (INCLUDE AREA CODE/PHONE NUMBER; AND EMAIL):

**PROJECT TYPE** (CIRCLE ONE):

[NESTING BEACH] [TANGLE NET] [TRAWL NET] [POUND NET] [HAND CATCH] [STRANDING] [OTHER, DESCRIBE]

IF NESTING BEACH: DID TURTLE NEST? YES NO UNDETERMINED

**FACILITY WHERE TURTLE WAS BEING HELD:**

**DESCRIBE CAPTURE LOCATION.** BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE.

**DESCRIBE RELEASE LOCATION.** BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE.

### TURTLE MEASUREMENTS:

STRAIGHT CARAPACE LENGTH (SCLMINIMUM): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

STRAIGHT CARAPACE LENGTH (SCLNOTCH-TIP): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

STRAIGHT CARAPACE WIDTH (SCW): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

CURVED CARAPACE LENGTH (CCLMINIMUM): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

CURVED CARAPACE LENGTH (CCLNOTCH-TIP): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

CURVED CARAPACE WIDTH (CCW): \_\_\_\_\_ CM \_\_\_\_\_ INCHES

WEIGHT: \_\_\_\_\_ KG \_\_\_\_\_ LBS

### TURTLE WAS INSPECTED AND/OR SCANNED FOR:

TAG SCARS: YES NO WHERE LOCATED?

PIT TAGS: YES NO WHAT FREQUENCY?

MAGNETIC WIRES: YES NO WHERE LOCATED?

LIVING TAGS: YES NO WHERE LOCATED?

**ADDITIONAL REMARKS OR DATA ON BACK OF FORM:** YES NO

**MAIL COMPLETED FORMS TO:**

ARCHIE CARR CENTER FOR SEA TURTLE RESEARCH, DEPARTMENT OF ZOOLOGY, PO Box 118525  
UNIVERSITY OF FLORIDA, GAINESVILLE, FL 32611 USA

**Cooperative Marine Turtle Tagging Program (CMTTP)**  
**TAG REQUEST FORM**

Name of Project Leader\_\_\_\_\_

Affiliation or Organization\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone:\_\_\_\_\_FAX:\_\_\_\_\_Email:\_\_\_\_\_

Number of tags requested \_\_\_\_\_ @ \$80 per 100 tags \$\_\_\_\_\_

Number of tag applicators requested \_\_\_\_\_ @ \$22 each \$\_\_\_\_\_

\_\_\_\_\_ I do not have funds to purchase tags and request that NMFS provides tags at no cost.

\_\_\_\_\_ A check for \$\_\_\_\_\_ (payable to *University of Florida*) is enclosed.

\_\_\_\_\_ A check for \$\_\_\_\_\_ will follow.

I have read the Data Policy statement of the Cooperative Marine Turtle Tagging Program, and I agree with the conditions and stipulations. I understand that NMFS reserves the right to access the CMTTP database for sea turtle management purposes. In addition, I allow the following use(s) by NMFS of the data entrusted to the CMTTP without further permission from me with the understanding that NMFS will acknowledge the tagging program and Principal Investigators:

\_\_\_\_\_ No additional use of data without further permission.

\_\_\_\_\_ Presentation or publication of any tagging and/or recapture data.

\_\_\_\_\_ Presentation or publication of tagging data of “my” tagged turtles recaptured elsewhere.

\_\_\_\_\_ Presentation or publication of my recapture data of turtles tagged elsewhere.

I also assume responsibility to ensure that no one in my program will use CMTTP tags without first obtaining all necessary State and Federal permits.

Signature of Project Leader\_\_\_\_\_

Print or type name\_\_\_\_\_

Date\_\_\_\_\_

Send completed request form to:

Archie Carr Center for Sea Turtle Research  
PO Box 118525, Bartram Hall  
University of Florida  
Gainesville, FL 32611 USA  
FAX: 352 392 9166