

ID Number Request

Program number _____

Number of platforms requested _____ Platform Lifetime _____

Starting date of deployment _____ Geographical area _____

Average number of platforms operating simultaneously _____

Platform Characteristics

Platform Type

Drifting Buoys

Moored Buoys

Subsurface Floats

Ships

Marine Animals

Land Animals

Birds

Fixed Stations

Other

Platform manufacturer _____

Platform model _____

We will apply the default template associated with the platform model you have ordered. If you do not know the platform model, would you prefer your data:
in DECIMAL or in HEXADECIMAL?

If you have a specific sensor setup, please send the format with this form.

Maximum speed _____

Output power _____

Transmitter manufacturer (optional) _____

Transmitter model (optional) _____

Transmission duty cycle

24h/day 12h/48h 12h/24h Other _____

Repetition period _____

Would you like us to send a copy of your ID numbers to your platform manufacturer?

YES

NO

Name _____

Organization _____

Date & Signature _____

*Please complete one form for
 EACH platform model. Send it to
userservices@clsamerica.com or
 fax it to 301-925-8995.*