

Caribbean Center for the Reduction of Aquatic Debris

Po Box 6150
 Aguadilla 00604
 787.890.2681 x 470

Checked out on (M/day/Yr): Returned on :



Use of equipment and materials

Application

Name applicant: _____

Program: _____

phone: _____

e-mail: _____

Item name or description	Quantity	Check when returned	Director's initials	NOTES:

The applicant accepts responsibility for all the items described above

 Signature of Director Date

 Applicant's signature Date