(One signed copy of this form should accompany each copy of the manuscript) NOAA Form 25-700 (modified for NMFS Santa Cruz Lab) (3-84)

U. S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE
MANUSCRIPT TRANSMITTAL FORM
(Authors should fill in items 1 through 8)

1.	. AUTHOR(S)(First name, middle initial, last name, unles	ss author requests otherwise)
2.	AFFILIATION OF AUTHOR (Organization, mailing ad	dress, zip code)
3.	TITLE OF PAPER	
4.	PAGES ILLUSTRATIONS	TABLES
5.	EDITOR	
6. SERIES OR JOURNAL (Name and address, including zip code)		
7. COPIES REQUESTED: FOR AUTHORFOR ORGANIZATION (If the author requests mailings to individuals or organizations, a list with mailing addresses should be attached)		
	(SENIOR AUTHOR, signature)	
8.	(SENIOR AUTHOR, signature) APPROVALS:	
(LABORATORY/DIVISION DIRECTOR, signature) 9. This manuscript does not involve policies of Department or Service. It may be transmitted to the editor named above.		
(CENTER/REGION DIRECTOR, signature)		
A recent draft of this manuscript reviewed by (include affiliations)		

OFFICE: 1984 - 794-641