

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, unless author requests otherwise)

2. AFFILIATION OF AUTHOR (Organization, mailing address, 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 AUTHOR _____ FOR
ORGANIZATION _____

(If the author requests mailings to individuals or organizations, a list with mailing addresses should be attached)

(SENIOR AUTHOR, signature) Date _____

8. APPROVALS:

(LABORATORY/DIVISION DIRECTOR, signature) Date _____

9. This manuscript does not involve policies of Department or Service. It may be transmitted to the editor named above.

(CENTER/REGION DIRECTOR, signature) Date _____

A recent draft of this manuscript reviewed by (include affiliations):