CALCOM Request Form

| Today's Date: | Date Need by: |
|-------------------------------|---|
| Name: | Address: |
| Email (required): | Agency |
| Data to be used | for: |
| | |
| | CALCOM Access Request Information |
| | ODBC Access Duration of access needed: months |
| | Access will be revoked after 1 year |
| | <u> </u> |
| | Data Request Information |
| Type of Data: | Years: |
| | Composition Data Species Length Age |
| | Raw Sample Data By Market Category By Species |
| | By Gear By Port By Year |
| | Otolith Request Information |
| Species | Years Otolith Return Date: |
| | |
| Other Specifics: | |
| Other Opecines. | |
| ES GOVERNING | CONFIDENTIALITY AND DATA ACCESS |
| o data may be pul | blicly reported, in any fashion, that can be attributed to fewer than 4 vessels even if the vessels are |
| • | reported means in any publication, report, discussion, or presentation. |
| | a different user to access the CALCOM system using their access username/password. |
| | ne data are not permitted without prior authorization. |
| | confidential data on an open network connection where unauthorized users may access it. |
| o user shall transr agers. | nit confidential data to an unauthorized user without the specific consent of Cal Coop Survey data |
| he Cal Coop Surv | ey shall be cited in all reports, publications, and presentations. |
| | By signing this form I agree to abide by the above six guidelines. |
| | |
| | Signature Date Submit form to: Brenda Erwin |

berwin@dfg.ca.gov Fax (650) 631-6793