

THIS FORM IS A FILLABLE PDF.DEPARTMENT OF HOMELAND SECURITY
APPLICATION FOR MARINE EVENTOMB Number: 1625-0008
Expires: 04/30/2014**Date Submitted:****FORM INSTRUCTIONS**

1. Please, complete on a computer, a typewriter, or print in black ink to permit reproduction. ~~You may also submit online at <http://homereport.uscg.mil>.~~
2. This application must reach the appropriate USCG Sector at least 135 days prior to the event. ~~A list of sectors may be found here at <http://www.uscg.mil>.~~
3. Attach a section of a chart or a scale drawing showing boundaries and/or courses and markers contemplated.
4. Submit a copy of your entry requirements and any special rules pertaining to equipment, rigs, or procedures.

1. Name of Event		2. Date of Event	
3. Location of Event		4. Time: From _____ To _____	
5. Name and Address of Sponsoring Organization <i>(Include Zip Code)</i>		6. No. of Participants	7. Sizes of Boats
8. Types of Boats			9. No. of Spectator Craft
10. Description of Events			
11. Will This Event Interfere or Impede the Natural Flow of Traffic? _____ NO _____ YES			
11a. If YES, briefly explain:			
12. What Extra or Unusual Hazard <i>(to participants or non-participants)</i> Will Be Introduced Into the Regatta Area?			

13. Have any Objections Been Received from Other Interested Parties? _____ NO _____ YES			
13a. If YES, briefly explain:			
14. Vessels Provided by Sponsoring Organization for Safety Purposes (<i>number and description</i>)			
15. Does the Sponsoring Organization Deem their Patrol Adequate for Safety Purposes? _____ NO _____ YES			
15a. If NO, briefly explain:			
16. Is a Coast Guard or Coast Guard Auxiliary Patrol Requested for Control of Spectator and/or Commercial Traffic? _____ NO _____ YES			
16a. If YES, how many vessels do you recommend and why?			
17. Person In Charge		18. Where Will 'Person In Charge' be During the Event?	
19. How Can 'Person In Charge' be Contacted During the Event?			
20. Person to be Contacted for Further Details (<i>Name, Address, Zip Code</i>)		20a. Area Code and Phone No.:	
		20b. Email Address:	
The undersigned has full authority to represent the sponsoring organization.			
21. Name:		22. Title:	
23. Address (<i>Include Zip Code</i>)		23a. Area Code and Phone No.:	
		23b. Email Address:	
24. Signature:		If able to you can digitally sign. If not print and sign in signature block. Then scan and send.	
PRIVACY ACT STATEMENT			
Privacy Act Notice			
<p>Authority: 33 U.S.C. §1233 authorizes the collection of this information.</p> <p>Purpose: The Coast Guard will use this information to determine whether an event poses an extra or unusual hazard to the safety of life and whether or not, and under which conditions, to permit the event on the navigable waters of the United States.</p> <p>Routine Uses: The information will be used by and disclosed to Coast Guard personnel to evaluate the request. Additionally, the Coast Guard may share the information with facility operators, law enforcement or other government agencies as necessary to promote public safety during the requested marine event.</p> <p>Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the approval of the requested marine event.</p>			
<p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 60 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-5521), U.S. Coast Guard, 2100 St., SW, Washington D.C. 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0008), Washington, DC 20503.</p>			