



**APPLICATION
MARINE EVENT PERMIT**

**Fee: Marine Event - \$50 (22.62)
Marine Event Charitable Organization – No Charge(22.63)**

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.

APPLICANT INFORMATION		Client Number or SSN:	DATE OF BIRTH:	
NAME [LAST]		[FIRST]	[MIDDLE]	
PHYSICAL ADDRESS:				
CITY:		STATE:	ZIP:	
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:	WORK PHONE:	E-MAIL ADDRESS:		
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER		STATE:	DATE ISSUED:	

1. Have you conducted any marine events prior to this application Yes No If yes, please list them:___

2. Have you ever been convicted of a boating safety violation, an alcohol/drug-related offence or any felony?
 Yes No If yes, please list them:_____

3. Name of Organization: _____

4. Location of Event: _____

5. Exact Times: _____ 6. Exact Dates: _____

7. Description: _____

As part of the description attach a diagram showing boundaries of the event, water courses, buoy placement, areas for participation, officials, and spectators.

8. Estimated number of vessels: A. Participants: _____

Participant vessel types and classes: _____

B. Spectators: _____

C. Safety Patrol: _____

9. Estimated number of participants: _____

10. Estimated number of spectators: _____

11. Special Requirements: (i.e. restricted movement of vessels and spectators through specified areas: _____

12. Motorboat noise exemption is hereby requested:

- to compete in an approved marine event as provided in NRS 488.305.
- to conduct trial runs between the hours of 9 a.m. and 5 p.m. for a period not to exceed 48 hours immediately preceding the marine event.
- to compete in official trials for speed records between the hours of 9 a.m. and 5 p.m. for the period not to exceed 48 hours immediately following the marine event.

13. Safety requirements (i.e. safety patrols, unusual hazards, radio coordination, launching/retrieving buoys, the number and kind of navigational aids, rescue, medicinal, picket boats): _____

14. Do you have liability insurance? Yes No Amount: _____

Insurer: _____ Insured: _____

15. Are there any potential adverse environmental effects or pollution concerns that may require an environmental assessment? Yes No If yes, describe (include any abatement plans) _____

16. Public sanitation concerns will be addressed as follows: _____

17. Have you contacted other agencies that may require a permit? Yes No If yes, agency name: _____

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Submit your completed application fee to the appropriate office below:

Western Region

Nevada Department of Wildlife
Special Licenses and Permits
1100 Valley Rd, Reno, NV 89512
Telephone: (775) 688-1500
Counties: Carson City, Churchill, Douglas,
Humboldt, Lyon, Mineral, Pershing, Storey,
Washoe

Southern Region

Nevada Department of Wildlife
4747 Vegas Dr.; Las Vegas, NV 89108
Telephone: (702) 486-5127
Counties: Clark, Esmeralda, Lincoln, Nye

Eastern Region

Nevada Department of Wildlife
60 Youth Center Road; Elko, NV 89801
Telephone: (775) 777-2300
Counties: Elko, Eureka, Lander, White Pine

FOR DIVISION USE ONLY

Date Received: _____
Date Approved: _____
Date Disapproved: _____
REASON FOR DISAPPROVAL:

Date Returned for Additional Information: _____
Division Representative: _____