



## 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.

<b>APPLICANT INFORMATION</b>		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: \_\_\_\_\_