



**APPLICATION
SPECIAL PERMIT FOR TEMPORARY PLACEMENT OF BUOYS
FOR A PRACTICE COURSE**

Check Type of Event:

- Fees: \$25 for up to 10 buoys (22.60)
 \$50 for more than 10 buoys (22.61)

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

APPLICANT INFORMATION		TAX ID:	SPORTSMAN'S ID 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:
NAME OF ORGANIZATION:				

NOTE: The person named as applicant must be present at the placement of buoys to ensure that the conditions of the permit are satisfied.

1. Location and description of buoy placement. (Attach diagram/map showing boundaries of placement and number of buoys.)

2. Time of Placement: _____

3. Beginning Date: _____ Ending Date: _____ (not to exceed six months)

4. Anticipated conflicts with other boaters: _____

5. Have you contacted other agencies that may require a permit? _____

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 DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: