

## **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. PROCESSING TIME: Allow thirty (30) days.

<ul><li>permit is issue</li><li>Federal Tax II</li></ul>	ed. D or SSN only r	equired	for new applica	ants.		ill be assigned when the	
INSTITUTION OR BUSINESS ENT	SLAP Entity ID						
MAILING ADDRESS:						FEDERAL TAX ID:	
CITY: STATE:		ZIP: E-MAI		E-MAIL ADDRES	MAIL ADDRESS:		
PHYSICAL ADDRESS:					l		
CITY: STATE:		STATE:	ZIP:		TELEPHONE:		
RESPONSIBLE PARTY-	- Person respo	onsible	for permit				
NAME [LAST]		[FIRST	]	[MIDD	LE]	SLAP Entity ID	
MAILING ADDRESS:						SSN	
CITY: STATE:		ZIP: E-MAIL ADDR		E-MAIL ADDRES	ESS:		
PHYSICAL ADDRESS:			-		<u> </u>		
CITY: STATE:		STATE:	ZIP: TELE		TELEPHONE:	ELEPHONE:	
HEIGHT:	WEIGHT:		HAIR:	EYES:		GENDER:	
DRIVER'S LICENSE NUMBER		STATE:		DATE ISSUED:			
OCCUPATION:			EMPLOYER:				
WORK ADDRESS:							
Location and description of buoys.)	onditions of th	e perm	it are satisfied	iagram/map	showing boo	the placement of buoys undaries of placement and	
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 r	may require a permit?			
I, the signator, in signing this application, h State of Nevada and that no false information				
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	Telephone: (702) 4	as Vegas, NV 89120		
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			
Department Representative:	Date Received:			
Date Approved:	Date Returned for Additional Information:			
Date Disapproved:	Letter Sent:			
REASON FOR DISAPPROVAL:				