OMB No. 2115-0017

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CG-4423 (Rev. 9-94)

APPLICATION FOR APPROVAL OF MARINE EVENT

DATE SUBMITTED

INSTRUCTIONS

1. Submit this form in Triplicate. Please complete on a typewriter or print in black ink *(to permit reproduction).*
2. This application must reach the District Office at least 30 days prior to the event.
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

4. TIME *(from, to)*

5. NAME AND ADDRESS OF SPONSORING ORGANIZATION *(Include Zip Code)*

6. NO. PARTICIPANTS

7. SIZES OF BOATS

8. TYPES OF BOATS

9. NO. SPECTATOR CRAFT

10. DESCRIPTION OF EVENT

11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC?
☐ NO ☐ YES *(Explain)*

12. WHAT EXTRA OR UNUSUAL HAZARD *(to participants or non-participants)* WILL BE INTRODUCED INTO THE REGATTA AREA?

13. HAVE ANY OBJECTIONS BEEN RECEIVED FROM OTHER INTERESTED PARTIES?
☐ NO ☐ YES *(Explain)*

14. VESSELS PROVIDED BY SPONSORING ORGANIZATION FOR SAFETY PURPOSES *(number and description)*

15. DOES THE SPONSORING ORGANIZATION DEEM THEIR PATROL ADEQUATE FOR SAFETY PURPOSES?
☐ YES ☐ NO *(Explain)*

16. IS A COAST GUARD OR COAST GUARD AUXILIARY PATROL REQUESTED FOR CONTROL OF SPECTATOR AND/OR COMMERCIAL TRAFFIC?
(If YES, how many vessels do you reccomend, and why?) ☐ NO ☐ YES

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 *(Name, address, Zip code)*

AREA CODE AND TELEPHONE NO. →

The undersigned has full authority to represent the sponsoring organization

21. SIGNATURE

22. TITLE

23. ADDRESS *(Include Zip code)*

AREA CODE AND TELEPHONE NO. →

24. **TO:**

PREVIOUS EDITIONS ARE OBSOLETE

The Coast Guard estimates that the average burden for this report form is 25 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-NAB), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0017), Washington, D.C. 20503.