

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.		13. HAVE ANY OBJECTIONS BEEN RECEIVED FROM OTHER INTERESTED PARTIES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
1. NAME OF EVENT 2. DATE OF EVENT		14. VESSELS PROVIDED BY SPONSORING ORGANIZATION FOR SAFETY PURPOSES (number and description)	
3. LOCATION 4. TIME (from, to)			
5. NAME AND ADDRESS OF SPONSORING ORGANIZATION (Include Zip Code)		15. DOES THE SPONSORING ORGANIZATION DEEM THEIR PATROL ADEQUATE FOR SAFETY PURPOSES? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	
6. NO. PARTICIPANTS 7. SIZES OF BOATS		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 recommend, and why?) <input type="checkbox"/> NO <input type="checkbox"/> YES	
8. TYPES OF BOATS 9. NO. SPECTATOR CRAFT		17. PERSON IN CHARGE 18. WHERE WILL "PERSON IN CHARGE" BE DURING THE EVENT?	
10. DESCRIPTION OF EVENT		19. HOW CAN "PERSON IN CHARGE" BE CONTACTED DURING THE EVENT? 20. PERSON TO BE CONTACTED FOR FURTHER DETAILS (Name, address, Zip code)	
11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		AREA CODE AND TELEPHONE NO.	
		The undersigned has full authority to represent the sponsoring organization	
		21. SIGNATURE	22. TITLE
12. WHAT EXTRA OR UNUSUAL HAZARD (to participants or non-participants) WILL BE INTRODUCED INTO THE REGATTA AREA?		23. ADDRESS (Include Zip code) AREA CODE AND TELEPHONE NO.	
24. TO: _____ _____ _____ _____			