

DEPARTMENT OF HOMELAND SECURITY  
**APPLICATION FOR MARINE EVENT**

OMB Number: 1625-0008  
 Expires: 10/31/2020

**Date Submitted: Tracking No:**

**FORM INSTRUCTIONS**

1. Please, complete on a computer, a typewriter, or print in black ink to permit reproduction. You may also submit online at: <http://homeport.uscg.mil>.
2. This application must reach the appropriate USCG Sector at least 135 days prior to the event. A list of sectors may be found here: <https://homeport.uscg.mil/Pages/sector-directory.aspx>.
3. Attach a section of a chart or 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 of Event	4. Time From:	
5. Name and Address of Sponsoring Organization (Include Zip Code)	6. No. of Participants:	7. Sizes of Boats
8. Types of Boats	9. No. of Spectator Craft	
10. Description of Events		
11. Will This Event Interfere or Impede the Natural Flow of Traffic?		

11a. If YES briefly 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?	
13a. If YES briefly 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?	
15a. If NO briefly explain:	
16. Is a Coast Guard or Coast Guard Auxiliary Patrol Requested for Control of Spectator and/or Commercial Traffic?	
16a. If YES how many vessels do you recommend and why?:	
17. Person In Charge	18. Where Will 'Person In Charge' be During Event?
19. How Can 'Person In Charge' be Contacted During the Event?	

20. Person to be Contacted for Further Details (Name, Address, Zip Code)	20a. Phone No.
	20b. Email Address:
<b>The undersigned has full authority to represent the sponsoring organization.</b>	
21. Name:	22. Title:
23. Address (Include Zip Code)	23a. Phone No.:
	20b. Email Address:
24. The person submitting the form certified that they have full authority to represent the sponsoring organization.	
25. COTP Zone Submitted:	
<b>PRIVACY ACT STATEMENT</b>	
<b>Privacy Act Notice</b>	
<p>Authority: 33 U.S.C § 1233 authorizes the collection of this information.</p> <p>Purpose: The Coast Guard will use this information to determine whether an event poses an extra or unusual hazard to the safety of life and whether or not, and under which conditions, to permit the event on the navigable waters of the United States.</p> <p>Routine Uses: The information will be used by and disclosed to Coast Guard personnel to evaluate the request. Additionally, the Coast Guard may share the information with facility operators, law enforcement or other government agencies as necessary to promote public safety during the requested marine event.</p> <p>Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the approval of the requested marine event.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this collection of information is 60 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-5521), U.S. Coast Guard, 2100 2ND St., SW, Washington D.C. 20593-7683 or Office of Management and Budget, Paperwork Reduction Project (1625-0008), Washington, DC 20593.</p>	