



APPLICATION MARINE EVENT PERMIT

**Fee: Marine Event - \$50 (22.62)
Marine Event Charitable Organization – No Charge(22.63)**

- Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.
- SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the permit is issued.
- Federal Tax ID or SSN only required for new applicants.

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit is for.)

| | | | |
|---|--------|------|-----------------|
| INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME) | | | SLAP Entity ID |
| MAILING ADDRESS: | | | FEDERAL TAX ID: |
| CITY: | STATE: | ZIP: | E-MAIL ADDRESS: |
| PHYSICAL ADDRESS: | | | |
| CITY: | STATE: | ZIP: | TELEPHONE: |

RESPONSIBLE PARTY– Person responsible for permit

| | | | | |
|-------------------------|---------|---------|-----------------|----------------|
| NAME [LAST] | | [FIRST] | [MIDDLE] | SLAP Entity ID |
| MAILING ADDRESS: | | | | SSN |
| CITY: | STATE: | ZIP: | E-MAIL ADDRESS: | |
| PHYSICAL ADDRESS: | | | | |
| CITY: | STATE: | ZIP: | TELEPHONE: | |
| HEIGHT: | WEIGHT: | HAIR: | EYES: | GENDER: |
| DRIVER'S LICENSE NUMBER | | STATE: | | DATE ISSUED: |

1. Have you conducted any marine events prior to this application? Yes No If yes, please list them: _____

2. Have you ever been convicted of a boating safety violation, an alcohol/drug-related offence or any felony?

Yes No If yes, please list them: _____

3. Name of Organization: _____

4. Location of Event: _____

5. Exact Times: _____ 6. Exact Dates: _____

7. Description: _____

As part of the description attach a diagram showing boundaries of the event, water courses, buoy placement, areas for participation, officials, and spectators.

8. Estimated number of vessels:

A. Participants: _____

Participant vessel types and classes: _____

B. Spectators: _____

C. Safety Patrol: _____

9. Estimated number of participants: _____

10. Estimated number of spectators: _____

11. Special Requirements: (i.e. restricted movement of vessels and spectators through specified areas: _____

12. Motorboat noise exemption is hereby requested:

- to compete in an approved marine event as provided in NRS 488.305.
- to conduct trial runs between the hours of 9 a.m. and 5 p.m. for a period not to exceed 48 hours immediately preceding the marine event.
- to compete in official trials for speed records between the hours of 9 a.m. and 5 p.m. for the period not to exceed 48 hours immediately following the marine event.

13. Safety requirements (i.e. safety patrols, unusual hazards, radio coordination, launching/retrieving buoys, the number and kind of navigational aids, rescue, medicinal, picket boats): _____

14. Do you have liability insurance? Yes No Amount: _____

Insurer: _____ Insured: _____

15. Are there any potential adverse environmental effects or pollution concerns that may require an environmental assessment? Yes No If yes, describe (include any abatement plans) _____

16. Public sanitation concerns will be addressed as follows: _____

17. Have you contacted other agencies that may require a permit? Yes No If yes, agency name: _____

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 and 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
3373 Pepper Ln.; Las Vegas, NV 89120
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

Department Representative: _____

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Letter Sent: _____

REASON FOR DISAPPROVAL: