

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4423 (Rev. 9-06)	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 135 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?
11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		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
12. WHAT EXTRA OR UNUSUAL HAZARD (to participants or non-participants) WILL BE INTRODUCED INTO THE REGATTA AREA?		21. SIGNATURE 22. TITLE
23. ADDRESS (Include Zip code)		24. TO: _____ _____ _____ _____
AREA CODE AND TELEPHONE NO. →		

PREVIOUS EDITIONS ARE OBSOLETE

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 report form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-PWM-1), U.S. Coast Guard, 2100 2nd St., SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0008), Washington, DC 20593.