DEPARTMENT OF HOMELAND SECU U.S. COAST GUARD CG-4423 (Rev. 9-06)	U.S. COAST GUARD I APPLICATION FOR A			PPROVAL OF MA	ARINE EVENT	DATE SUBMITTED
INSTRUCTIONS 1. Submit this form in Triplicate. Please complete on a typewriter or print in black ink				13. HAVE ANY OBJECTIONS BEEN RECEIVED FROM OTHER INTERESTED PARTIES? NO YES (Explain)		
 (to permit reproduction). This application must reach the District Office at least 135 days prior to the event. Attach a section of a chart or a scale drawing showing boundaries and/or courses and markers contemplated. Submit a copy of your entry requirements, and any special rules pertaining to equipment, rigs or procedures. 				14. VESSELS PROVIDED BY SPONSORING ORGANIZATION FOR SAFETY PURPOSES (number and description)		
1. NAME OF EVENT			2. DATE OF EVENT	15. DOES THE SPONSORING ORGANIZATION DEEM THEIR PATROL ADEQUATE FOR SAFETY PURPOSES? YES NO (Explain)		
3. LOCATION			4. TIME (from, to)			
5. NAME AND ADDRESS OF SPONSORING ORGANIZATION (Include Zip Code)				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		
6. NO. PARTICIPANTS 7. SIZES OF BOATS				17. PERSON IN CHARGE		18. WHERE WILL "PERSON IN CHARGE" BE DURING THE EVENT?
8. TYPES OF BOATS 9.			9. NO. SPECTATOR CRAFT	19. HOW CAN "PERSON IN CHARGE" BE CONTACTED DURING THE EVENT?		
				20. PERSON TO BE CONTACTED FOR FURTHER DETAILS (Name, address, Zip code)		
10. DESCRIPTION OF EVENT				AREA CODE AND TELEPHONE NO. ——		
				The undersigned has full authority to represent the sponsoring organization		
				21. SIGNATURE		22. TITLE
11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC? NO YES (Explain)				23. ADDRESS (Include 2	Zip code)	
				AREA CODE AND TELEPHONE NO.		
12. WHAT EXTRA OR UNUSUAL HAZARD (to participants or non-participants) WILL BE INTRODUCED INTO THE REGATTA AREA?				^{24.} TO :		

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.