

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-4423 Rev. (10-10)

Application For Marine Event Permit

OMB-1625-0008
Expires 9/30/2017

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 55 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.

I have read the Paperwork Reduction Act Notice

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FORM INSTRUCTIONS

1. Please complete either this online form or a paper CG-4423.
2. This application must reach the appropriate Captain of the Port (selected via dropdown box) at least 135 days prior to the event.
3. Attach a section of a chart or scale drawing showing boundaries and/or courses and markers contemplated. Click "add attachment" to attach a document in one of the following file formats (.jpg, .pdf, .ppt, .doc, .docx)
4. Submit a copy of your entry requirements, and any special rules pertaining to equipment, rigs or procedures.
5. * Denotes required fields.
6. After submission you will have the ability to print out a completed form.

1. Name of Event*:	<input type="text"/>
2. Event Dates*:	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Recurring : <input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly
3. Location of Event (Be Specific: Waterway, Lat./Long., etc.):	<input type="text"/>
4. Time*:	From : <input type="text"/> <input type="text"/> <input type="text"/> To : <input type="text"/> <input type="text"/> <input type="text"/>
5a. Sponsoring Organization Name*:	<input type="text"/>
5b. Sponsor Address Line 1*:	<input type="text"/>
5c. Sponsor Address Line 2:	<input type="text"/>
5d. Sponsor City*:	<input type="text"/>
5e. Sponsor State / Province / Region*:	<input type="text"/>
5f. Sponsor Zip/Postal Code*:	<input type="text"/> <input type="text"/>
6. No. of Vessels/Craft/Swimmers*:	<input type="text"/>
7. Sizes of Participating Boats/Craft*:	<input type="text"/>
8. Types of Participating Boats/Craft*:	<input type="text"/>
9. No. of Spectator Craft*:	<input type="text"/>
10. Description of Event*:	<input type="text"/>
11. Will This Event Interfere or Impede the Natural Flow of Traffic*:	<input type="radio"/> Yes <input type="radio"/> No If yes, briefly explain <input type="text"/>
12. What Extra or Unusual Hazard (to participants or non-participants) Will Be Introduced Into the Regatta Area*:	<input type="text"/>

Yes No **If Yes, Which Organization and Why?**

14. Vessels and/or Other Support Provided by Sponsoring Organization for Safety Purposes (Do Not Include Coast Guard Assets):

Number	Description	Length
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="button" value="Add"/>		

Yes No **If No, briefly explain**

Yes No **If Yes, how many vessels do you recommend and why?**

PERSON IN CHARGE

17. Person In Charge Name*:

18. How Can the 'Person In Charge' be Contacted During the Event? Be specific and Provide Number and or Channel*:

19. Where Will 'Person In Charge' be During the Event?*:

20a. Person In Charge Address Line 1*:

20b. Person In Charge Address Line 2:

20c. Person In Charge City*:

20d. Person In Charge State / Province / Region*:

20e. Person In Charge Zip/Postal Code*:

20f. Person In Charge Phone*: - - ext

20g. Email*:

The undersigned has full authority to represent the sponsoring organization.

Same as Person In Charge information.

21. Name*:

22. Title*:

23a. Address Line 1*:

23b. Address Line 2:

23c. City*:

23d. State / Province / Region*:

23e. Zip/Postal Code*:

23f. Phone*: - - ext

23g. Email*:

24. By submitting this application I certify that I have full authority to represent the sponsoring organization.

25. COTP Zone*:	<input type="text"/>	View COTP Zone Map
26. Attachment 1 (chartlet required)*:	<input type="text"/>	<input type="button" value="Browse..."/>
27. Attachment 2:	<input type="text"/>	<input type="button" value="Browse..."/>
28. Attachment 3:	<input type="text"/>	<input type="button" value="Browse..."/>
29. Attachment 4:	<input type="text"/>	<input type="button" value="Browse..."/>
30. Attachment 5:	<input type="text"/>	<input type="button" value="Browse..."/>

Note: You must attach a section of a chart or scale drawing showing the boundaries and/or courses and markers contemplated. You also must attach a copy of your entry requirements and any special rules pertaining to the equipment, rigs, or procedures.

Privacy Act Statement

Authority: 33 U.S.C 1233 authorizes the collection of this information.

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.

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.

Disclosure: Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the approval of the requested marine event.

I have read the Privacy Act Statement

U.S. Dept. of Homeland Security, USCG, CG-4423, Rev. 10-10