

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4423 (Rev. 10/2005, Sector LIS) (Previous versions <b>are not</b> acceptable)		<b>APPLICATION FOR APPROVAL OF MARINE EVENT</b>		DATE SUBMITTED
				DATE RECEIVED BY SECTOR LIS
<b>INSTRUCTIONS</b> 1. This application must be received by the office in Block 22 at least 135 days prior to the event, or at least 60 days if the same event (same location) was held one year prior. 2. Attach a section of a chart or a scale drawing showing boundaries and/or courses and markers contemplated. 3. Submit a copy of your entry requirements and any special rules pertaining to equipment, rigs or procedures. 4. Please complete in a manner that allows for local reproduction. Mail or fax complete application to address/number in Block 22.			13. HAVE ANY OBJECTIONS BEEN RECEIVED FROM OTHER INTERESTED PARTIES? <input type="checkbox"/> _YES <input type="checkbox"/> _NO <i>(Explain)</i>	
			14. VESSELS PROVIDED BY SPONSORING ORGANIZATION FOR SAFETY PURPOSES <i>(Number and Description)</i>	
1. NAME OF EVENT		2. DATE OF EVENT		15. DOES THE SPONSORING ORGANIZATION DEEM THEIR PATROL ADEQUATE FOR SAFETY AND SECURITY PURPOSES? <input type="checkbox"/> _YES <input type="checkbox"/> _NO <i>(Explain)</i>
3. LOCATION OF EVENT		4. TIME <i>(Start, Finish)</i>		IS A COAST GUARD AUXILIARY PATROL REQUESTED FOR CONTROL OF SPECTATOR AND/OR COMMERCIAL TRAFFIC? <input type="checkbox"/> _YES <input type="checkbox"/> _NO <i>(Explain)</i>
5. NAME AND ADDRESS OF SPONSORING ORGANIZATION <i>(Include Zip Code AND Fax)</i>			16. STATE ISSUE: a: Will the event be using a State Boat Launch? <input type="checkbox"/> _YES <input type="checkbox"/> _NO b. Does the event call for any waivers of existing State Laws (i.e. speed limits)? <input type="checkbox"/> _YES <input type="checkbox"/> _NO	
6. EXPECTED NO. PARTICIPANTS	7. SIZES OF BOATS		17. PERSON IN CHARGE <i>(Include Contact Information During Event)</i>	
8. TYPE OF BOATS	9. EXPECTED NUMBER OF: a. SPECTATORS (land) b. SPECTATOR CRAFT		18. PERSON TO BE CONTACTED FOR FURTHER EVENT DETAILS <i>(Include Name, Address, Zip Code, Phone and Fax)</i>	
10. DESCRIPTION OF EVENT			<b>The undersigned has full authorization to represent the sponsoring organization</b>	
			19. SIGNATURE	20. TITLE
11. WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF NAVIGATION OR VESSEL TRAFFIC? <input type="checkbox"/> _NO <input type="checkbox"/> _YES <i>(Explain)</i>			21. ADDRESS <i>(Include Zip Code and Phone)</i>	
12. WHAT EXTRA OR UNUSUAL HAZARD <i>(to participants or non-participants)</i> WILL BE INTRODUCED INTO THE REGATTA AREA?			22. <b>MAIL TO:</b> COMMANDER, USCG Sector Long Island Sound Attn: Marine Event Permit Coordinator 120 Woodward Avenue New Haven, CT 06512-3698 <b>OR FAX TO (preferred):</b> (203) 468-4423	

Enclosure (1)