

**OREGON STATE MARINE BOARD**

PO Box 14145  
435 Commercial St NE, #400  
Salem OR 97309-5065

Phone: (503) 378-2617

**FAX: (503) 378-4597**

## APPLICATION FOR PERMIT TO HOLD A MARINE EVENT, REGATTA OR PARADE

### IMPORTANT:

**MUST BE FILED AND COMPLETED AT LEAST 30 DAYS PRIOR  
TO EVENT (ORS 830.375)**

READ INSTRUCTIONS ON REVERSE PRIOR TO SUBMISSION

(1) Name of Event:

(2) Name and address of sponsoring organization:

(3) Body of Water: \_\_\_\_\_

(4) Date of Testing: \_\_\_\_\_ Event Date: \_\_\_\_\_

(5) Start Time: \_\_\_\_\_ Finish: \_\_\_\_\_

(6) Description of event and/or courses NOTE: Attach a section of a chart or drawing showing boundaries

(7) Number of participating craft:

(8) Size of participating craft:

(9) Type of participating craft:

(10) Number and description of vessels provided by sponsoring organization for safety and conduct of the event:

(11) Estimated number of spectator craft:

(12) Chair of the race (Cruise) committee:

(13) Location of Chair during the event:

(14) Means of communicating with Chair during the event:

(15) Name, address and telephone number of person to be contact for further details concerning the event:

(16) The undersigned has full authority as spokesperson for the sponsoring organization:

Signature \_\_\_\_\_ Date \_\_\_\_\_

(17) Instructions: Attach a copy of your entry requirements and operations procedures.

(18) First Endorsement: Land Managing Agency (Federal, State or Local) as required. (See reverse.) Include agency name and address

Approval recommended  Not recommended\*\*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City - Zip Code \_\_\_\_\_

(19) Second Endorsement: Land Managing Agency (complete only if more than one Land Managing Agency is involved). Include agency name and address

Approval recommended  Not recommended\*\*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City - Zip Code \_\_\_\_\_

(20) Third Endorsement: County sheriff or enforcement agency - **required** (see reverse). (Print name and address)

Approval recommended  Not recommended\*\*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City - Zip Code \_\_\_\_\_

(21) Fourth Endorsement: County Sheriff or enforcement agency (complete if more than one law enforcement agency is involved). (Print name and address)

Approval recommended  Not recommended\*\*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City - Zip Code \_\_\_\_\_

\*\* Attach letter outlining special requirements or reasons for not recommending approval.

**OREON STATE MARINE BOARD**

PERMIT NUMBER: \_\_\_\_\_  
OSMB USE ONLY

**PERMIT GRANTED**

Subject to the following requirements and/or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: Executive Assistant, OSMB

**SPONSORING ORGANIZATION:**

**Read instructions before submitting application.**

1. Prepare two (2) copies of this application [Section (1) through (17)]. Mail one copy immediately, without endorsements, for tentative reservation of location and date. Mail the original copy, with all signed endorsements, additional letters and documents to the Marine Board. **Oregon law requires this application be completed and submitted 30 days prior to the event date.**
2. Have Sections (18) and (20) completed. This will require local review prior to approval. Be certain to allow sufficient time for the agency’s review process. (Note: (19) and (21) are required only if there is more than a single Land Managing Agency or Sheriff’s Office involved.)
3. If volunteer services of the local Coast Guard Auxiliary are desired, complete the attached form (page 3). Local arrangements must be made by sponsor.
4. It is the responsibility of the sponsor to ensure that the permit has been approved. The original application will be returned to the sponsor when the permit is authorized. This permit must be available for inspection on the event date(s) indicated.

**ENDORSEMENTS**

**SECTION (18)**

1. To be completed by federal, state, county, or municipal parks department or governing body (as required).
2. Special permits, clearances or instructions must be attached to the application for consideration (check box).

**SECTION (20)**

1. To be completed by county sheriff or other appropriate enforcement agency.
2. Attach any special instructions or requirements (check box.).

**NOTE: Oregon law requires this application be completed and submitted 30 days prior to the event date.**

If you have questions, please call (503) 378-2617.

# Request for Coast Guard Auxiliary Safety Patrol

**Sponsoring Agency/Organization:**

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is requesting Coast Guard Auxiliary patrol services for the following event.

## Marine Event Activity Information

**Date(s), Start and Completion Time(s):**

**Operation Area Description (Operating area description detail must be correct):**

**Number of Units Requested:**

**Contact Person (Sponsoring/Requesting Activity):**

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Name (print)	Signature	Date
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Address, City, State, Zip	Telephone Number
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**Coast Guard Auxiliary Safety Patrol:**

Approval recommended  Not recommended\*\*

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Name (print)	Signature	Date
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Address, City, State, Zip	Telephone Number
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\*\* Attach letter outlining special requirements or reasons for not recommending approval.