



State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
MARINE PATROL
31 DOCK ROAD
GILFORD, N.H. 03249-7627



APPLICATION FOR WATER EVENT PERMIT

(PLEASE TYPE OR PRINT)

DIRECTIONS: Complete this form and return it to the address indicated above.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Check One: This is a : ☐ NEW application ☐ RENEWAL application

APPLICANT / SPONSOR: _____

Contact Person: _____ DOB _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

NAME OF EVENT: _____

Type of Water Event:

<input type="checkbox"/>	Fishing Event	<input type="checkbox"/>	Water Carnival
<input type="checkbox"/>	Race / Regatta	<input type="checkbox"/>	Parasailing
<input type="checkbox"/>	Parade	<input type="checkbox"/>	Water Ski Show / Exhibition
<input type="checkbox"/>	Other		

DESCRIPTION OF THIS EVENT: _____

REQUESTED DATE(S): _____

Rain Date, if applicable: _____

STARTING TIME(S): _____ ENDING TIME(S): _____

BODY OF WATER: _____ TOWN: _____

NUMBER OF PARTICIPANTS: _____ NUMBER OF BOATS: _____

Unsigned applications will be returned.

Applicant Signature

Date

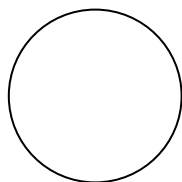
A MAP / DIAGRAM SHOWING THE PROPOSED LOCATION OF THE WATER EVENT MUST BE PROVIDED WITH THE APPLICATION.

FOR FISHING EVENTS: LAUNCH SITE: _____
STAGING AREA: _____

(Please identify location of launch site and staging area by street, marina or other identification and show on the map / diagram submitted.)

SPECIAL REQUESTS:

DIAGRAM: Please provide a map / diagram of the water body (or for larger bodies of water, the portion of that body of water involved in the activity). Indicate the primary area of activity.



With an arrow, please indicate North



Applicant: _____

Body of Water: _____

Investigating Officer: _____

1. Field investigation notes: _____

2. Approval status recommendation:

☐ Approve as submitted.

☐ Approve with the same conditions as prior years:

☐ Approve with the following conditions:

☐ Deny: Please provide reason for recommendation of denial.

Signed: _____ Date: _____

Date: