

State of New Hampshire

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

APPLICATION FOR SLALOM COURSE PERMIT

(PLEASE TYPE OR PRINT)

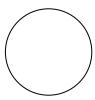
DIRECTIONS: Complete this form and return it to the address indicated above.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

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Check One: This is a	NEW application RENEWAL application
APPLICANT / NAME OF CLUB:	
	DOB
Mailing Address:	
Town:	State: Zip:
Daytime Phone: Local Phone:	Evening Phone: Cell Phone:
TYPE OF SLALOM COURSE:	4 buoy system 6 buoy system
	Other Specify:
TYPE OF INSTALLATION:	submersible Non-submersible
REMOVED WHEN NOT I	ALOM COURSES MUST BE SUBMERGED OR N USE.
LENGTH OF GOOKGE.	
BODY OF WATER:	TOWN:
Unsigned applications will be return	ned.
Applicant Signature	 Date

DESCRIBE SPECIFIC LOCATION:		
REQUESTED DATE(S) OF OPERATION:		
REQUESTED TIME(S) OF OPERATION:		
NUMBER OF RADIOIRANTS		
NUMBER OF PARTICIPANTS:		
SDECIAL DEGLIESTS AND LOD DESTRICTIONS.		
SPECIAL REQUESTS AND / OR RESTRICTIONS:		

A diagram / map showing the proposed location of the slalom course MUST be provided with the application. Map must indicate the direction of north as a reference.





FOR OFFICIAL USE ONLY:

Αp	plicar	t:
Вс	dy of	Water:
ln۱	estiga/	ating Officer:
1.	Field	investigation notes:
2.	Appro	oval 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.
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Si	gned:	Date: