

**APPLICATION FOR ALLATOONA LAKE SPECIAL ACTIVITIES PERMIT**

1. Transport Company	2. Vessel Owner
3. Address (City, State, Zip)	Address (City, State, Zip)
4. Telephone Number (Primary): (Cell): Email:	Telephone Number (Primary): (Cell): Email:

5. Date of Vessel Launch / Recovery :

6. Time (start and finish):

7. Boat Ramp Location:

8. Number of Additional Vehicles:

9. Permit application fee enclosed? Y\_\_\_ N\_\_\_ Amount: \$\_\_\_\_\_ (ex: 95 feet x \$10 = \$950)

10. Transport company liability insurance coverage:  
Amount: \$\_\_\_\_\_

11. Vessel current registration:  
\_\_\_\_\_ State \_\_\_\_\_ Exp. Date

12. Printed name of applicant:	13. Signature of applicant and date:
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**Applicant must attach copies of the following:**

- 1. Transport Carrier's Liability Insurance**
- 2. Vessel Title**
- 3. Current Vessel Registration**

**DO NOT WRITE BELOW THIS LINE**

Application Status: Approved      Incomplete information      Denied	Date Received : _____
Signature of Special Activity Coordinator: _____	Type of Payment: _____
	Permit Number: _____