Send Application To:
Mrs. Cynthia Ridley
Coastal Resources Division
1 Conservation Way, Suite 300
Brunswick, GA 31520
Phone #: (912) 264-7218
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Application for Extension of Live-Aboard Privileges

Georgia Department of Natural Resources
Coastal Resources Division

___New ___ Modification

Extension #:_____

---APPLICANT INFORMATION ---

Name of Vessel Owner: _____ Phone #: (____) ____ -_____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____ Host Marina: _____

---VESSEL DESCRIPTION---

Name: _____ Registration #: _____ HIN #:_____

USCG #:_____ Make: _____ Length: _____ # of Berths: _____ # of Heads: _____

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According to Coastal Marshlands Protection Rule 391-2-3.05 (3a) No live-aboard (vessel) may be occupied in Georgia coastal waters subject to the jurisdiction of the CMPA for more than 90 days during any calendar year unless the live-aboard owner has been granted an extension of time in writing by the Commissioner.

Please certify you meet the requirements below by initialing on each line.

_____ I certify that the live-aboard has a secured mechanism to prevent discharge of **treated** and **untreated** sewage. (i.e. including but not limited to…..closing the seacock and padlocking, using a non-releasable wire tie, or removing the seacock handle (with the seacock closed))

_____ I certify that I will not discharge any sewage, **treated or untreated**, into Georgia coastal waters and that I will use a pump-out station to empty my holding tank and keep a record of each pump-out for one-year.

_____ I certify that the live-aboard is capable of being used as a means of transportation on the water and is capable of safe, mechanically-propelled, navigation under average Georgia coastal wind and current conditions.

_____ I understand a live-aboard extension cannot be transferred to another live-aboard.

_____ I understand I must request a modification to my live-aboard extension prior to re-locating to a new eligible marina.

_____ I understand I must renew my extension every calendar year.

_____ I understand that if an extension is granted, my vessel is subject to inspections by the Department.

_____ I certify that I have executed a slip rental agreement with the eligible marina identified above.

Please explain your reason for requesting the extension and the period of time for which the extension is requested. If this is a change of location from one eligible marina to another, please identify both the old and new location:

_____

_____

_____

Requested extension start date: _____

_____ _____ _____ _____

Signature of Vessel Owner **Date** **Signature of Marina Owner/Operator** **Date**

DNR USE ONLY

_____ _____ Approved _____ Denied Date: _____
Mark Williams, DNR Commissioner

_____ _____
Live-Aboard Extension # Expiration Date