Send Application To:
Shore Protection Committee
C/O Marsh and Shore Mgmt Program
Coastal Resources Division
1 Conservation Way, Suite 300
Brunswick, GA 31520

Application for Beach Driving Authorization

Shore Protection Committee
Georgia Department of Natural Resources
Coastal Resources Division

Applicant:_____
Mailing Address:_____ City:_____ State:_____ ZIP:_____
Email Address:_____
Phone:_____ Island for which authorization is requested:_____

Please indicate which of the following criteria makes you eligible for this authorization as specified in the Rules of the Georgia Department of Natural Resources, Coastal Resources Division, Shore Protection Rule 391-2-2.03. (check one)

_____**a)** I am engaged in bona fide educational activities or scientific research as such activities are defined in O.C.G.A. Section 27-1-2 (24) and (62), or other bona fide educational activities or scientific research that require beach driving.
With what research institute are you affiliated?_____

_____**b)** I am a legal or full-time resident (reside more than 180 days) on the island for which the authorization is requested. ***You must provide proof of residency and sign an Affidavit (contact our office (912) 264-7218)***

_____**c)** I am involved in beach maintenance or security which makes driving a vehicle necessary.
With what agency or management entity are you affiliated?_____

_____**d)** I own or have an interest in real property on the island in question, or am the spouse, parent, child, grandchild or other lineal descendant (or their spouse) of such individual. ***If you own or have interest in real property, please attach a copy of your Deed or appropriate documentation.***

If you are the lineal descendant or spouse of an owner or someone with interest in real property, please attach copy of birth or marriage certificate.

What is their name?_____ ***Phone #:***_____
What is your relation?_____

_____**e)** I am applying for a General Authorization through a governmental entity or as the island manager as provided in Rule 391-2-2.03(3)11. ***Please provide the names of those people under your employ or supervision. (attach separate documentation)***

With what government or other entity are you affiliated? _____

By signing this application you are agreeing to abide by all Rules and Regulations as specified by the Coastal Resources Division, Shore Protection Rule 391-2-2.03, and certify that the information you have provided is true and correct to the best of your knowledge. Any false information provided will result in the denial of this application or revocation of an issued authorization.

YOU MUST ATTACH A COPY OF YOUR VALID DRIVERS LICENSE

Signature:_____ **Date:**_____
