



**DEPARTMENT OF PLANNING AND NATURAL RESOURCES
APPLICATION FOR A MOORING PERMIT**



INSTRUCTIONS: ALL APPLICATIONS MUST FILL IN ALL NECESSARY INFORMATION IN A LEGIBLE MANNER

Owner's Name: (Last) _____ (First) _____

Home Address: _____ Telephone No. _____

Current Location of Vessel to be Moored: _____

Business Address: _____

Zip Code: _____ Telephone No.: _____

Name, Address and Telephone Number of Resident Agent, if Applicable: _____

_____ Boat Name: _____

Homeport: _____ Registration No.: _____

Documentation No.: _____ Make of Vessel: _____

Builder/Manufacturer No. (H.I.N.): _____ Color: _____

Type of Vessel (Check One): Sail Auxiliary Power

Physical Description: Length: _____ Width: _____ Draft: _____

Attach clear color photo of the vessel in the USVI waters and provide one of the following to show proof of ownership:

- 1. Notarized Bill of Sale
- 2. Purchase Agreement.
- 3. Affidavit with Facts Therein to Support Claim of Ownership.
- 4. Copy of Current Coast Guard Document
- 5. Current Registration from Another State

MOORING LOCATION REQUESTED

Name of Anchorage _____ GPS* (longitude) - _____ (latitude) _____

***each decimal field must be completed for existing moorings**

Alternate Anchorage _____

Will any person(s) be living on board the vessel? Yes No If yes, check one: Part-time Full-time

Number of persons: _____

I HEREBY CERTIFY that the foregoing information provided is true and correct; and further, I agree to fully comply with the statutes of the Virgin Islands and the Rules and Regulations of the Department of Planning and Natural Resources related to Mooring and Anchoring in the United States Virgin Islands.

Date: _____ Owner or Authorized Representative: _____

NON-TRANSFERABILITY OF MOORING

A PERMITTEE SHALL NOT SELL, LEASE, ASSIGN, RENT, TRANSFER OR, IN ANY WAY, PERMIT THE USE OF A MOORING TO ANOTHER PERSON UNLESS AUTHORIZED IN WRITING BY THE COMMISSIONER. (T25 VIC SEC. 405 (b), T25 VIRR SEC. 405-9a).

STATUS OF APPLICATION

Comments: _____

APPLICATION: Approved / Denied

Director, DEE _____ date _____