GEORGIA
DEPARTMENT OF NATURAL RESOURCES

Long Term Anchoring Permit Application

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Driver's License Number: _____

Vessel Make: _____ Vessel Model: _____

Vessel Year: _____ Vessel Style: _____

Hull Identification Number (HIN): _____ Registration Number: _____

USCG Documentation # (if applicable): _____

Vessel Name (if applicable) _____

Requested Location 1 GPS Coordinates: _____ County: _____

Requested Location 2 GPS Coordinates: _____ County: _____

Requested Location 3 GPS Coordinates: _____ County: _____

Signature_____ **Date**_____

Please fill in, sign, and email the form to jamie.hawkins@dnr.ga.gov and mark.patterson@dnr.ga.gov or submit online by clicking the button below.

Submit