



**Transport Canada  
Office of Boating Safety**

**Application for a Permit to hold Special Events or Activities  
or  
for the Operation of a Vessel for Certain Purposes**

(Vessel Operation Restriction Regulations)

Please complete the following sections and return to **TRANSPORT CANADA, OFFICE OF BOATING SAFETY** **30 working days** before the event or the operation of a vessel for certain purposes.

Official name of the proposed activity: \_\_\_\_\_

Date(s) of the proposed activity: \_\_\_\_\_

Time(s) of the proposed activity: \_\_\_\_\_

Location of the proposed activity: \_\_\_\_\_

Description of the proposed activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company, Corporation, Group or Individual requesting the Permit:**

<b>Legal Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Phone:</b>		<b>Fax:</b>	

**Person organizing the activity:**

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Phone:</b>		<b>Fax:</b>	

**Other contact information (if applicable):**

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Phone:</b>		<b>Fax:</b>	

**Operation of a Vessel for Certain Purposes**

*Complete the following if applying for a permit to operate a vessel for the purpose of developing aquaculture, conducting scientific research, educating the public on the marine environment, protecting the environment or ensuring safety during activities and events.*

Vessel Description \_\_\_\_\_



**All Permit Applications (Including Operation of a Vessel for Certain Purposes)**

The following information shall be included with this application and will be reviewed prior to Transport Canada issuing any permit. Please note: Transport Canada may request additional information during the application process.

	<u>Attached</u>
1) A detailed plan of the premises (path) of the event	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
2) A safety plan	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
3) A emergency response plan	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
4) A communication plan for notifying stakeholders of the event	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
5) The appropriate local authority has been notified	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
6) The local police department has been notified	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
7) Proof of general liability insurance	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
8) Information regarding any safety, environmental or public interest concerns	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

The Applicant understands they must comply with all conditions set out in the permit, any applicable rules, Acts, regulations, laws or bylaws and will notify the Office of Boating Safety of any changes to the event.

The Applicant understands that no liability is incurred by Transport Canada, Marine Safety and Security in respect of injury or loss of life or loss of or damage to property resulting in any activity whether or not Transport Canada, Marine Safety and Security has given permission for such activity.

The Applicant agrees not to make any claim or demand, or bring any action or suit or petition against Transport Canada, Marine Safety and Security for any damage the applicant or any third party may suffer or sustain as a result of the Event.

The Applicant will indemnify and save harmless Transport Canada, Marine Safety and Security from and against any and all losses, claims, damages, petitions, causes of action, complaints, costs (including legal and consulting costs) and expenses which may result from, or which are related in any way to the event.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date (Y/M/D)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
on behalf of

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company or Organisation Name

Reference: Vessel Operation Restriction Regulations (VORR, s. 10.1 and 12)  
RDIMS: 6036850

If you have any questions or need assistance please contact us at [pacobs@tc.gc.ca](mailto:pacobs@tc.gc.ca) or (604)666-2681