

Send Application To:  
Shore Protection Committee  
C/O Cynthia Ridley  
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

Name of 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-Attn: Cindy Ridley (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,*

*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 persons under your employ or supervision. (attach separate documentation)*

*With what government or other entity are you affiliated?* \_\_\_\_\_

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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: \_\_\_\_\_

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