

# ENCAPSULATED FOAM CERTIFICATION



OSMB Application Number _____	<i>Do Not Write In This Section</i>	Date Received _____
DSL Permit / OSMB Grant Number _____	<i>Agency Use Only</i>	Date Approved _____

**Applicant - Complete Items #1 through #6 below**

<b>1</b>	<b>APPLICANT INFORMATION</b>
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Owner's Name:		Business phone #:	
Address:		FAX #:	
City:	State:	Zip:	Home phone #:
Agent's Name	Agent is: <input type="checkbox"/> Contractor / Installer <input type="checkbox"/> Owner's Rep.		
Address:	Business phone #:		
City:	State:	Zip:	Home phone #:

<b>2</b>	<b>PROJECT LOCATION</b>
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Marina and Slip # or Street Address of Foam Installation:	Waterway Description
	Waterway: _____ River Mile: _____
County:	
Is consent to enter property granted to the Marine Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3</b>	<b>PROPOSED PROJECT INFORMATION</b>
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<b>Project Type:</b> please choose all that apply <input type="checkbox"/> Floating Home <input type="checkbox"/> Boathouse <input type="checkbox"/> Dock/Walkway <input type="checkbox"/> Moorage Slip <input type="checkbox"/> Fuel Float <input type="checkbox"/> Other: _____			
Dimensions of Floating Structure:	Length;	Width;	Depth
<b>Activity Type:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair/Alteration
Estimated Date of Placement in Water: _____			

<b>4</b>	<b>TYPE OF FLOATATION USED TO SUPPORT THIS STRUCTURE</b>
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<input type="checkbox"/> Expanded "White Bead" Foam <input type="checkbox"/> Extruded Dow® Foam <input type="checkbox"/> Wood/Logs <input type="checkbox"/> Other: _____
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<b>5</b>	<b>MATERIALS AND METHODS USED TO ENCAPSULATE EXPANDED WHITE BEAD FOAM</b>
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<input type="checkbox"/> Treated Wood <input type="checkbox"/> Treated Plywood <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Hard Plastics <input type="checkbox"/> Plastic Sheets <input type="checkbox"/> Liquid Coatings <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A
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Thickness of Encapsulating Material (wood, plastic, etc.): \_\_\_\_\_

Product name or description: \_\_\_\_\_

Cubic Feet of Foam: _____ <i>ft.<sup>3</sup></i>	Number of Billets: _____	<input type="checkbox"/> Round <input type="checkbox"/> Square
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<b>6</b>	I certify that, to the best of my knowledge and belief, the proposed project and activity described in this certification form complies with the Floatation Encapsulation Program Rules and will be completed and installed in a manner consistent with the program.
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<small>4/92 rev.12/10</small> _____ Applicant Signature	_____ Date	_____ Authorized Agent Signature	_____ Date
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