



Government of Goa  
 Department of Tourism  
 1st Floor, Paryatan Bhavan, Patto - Panaji  
 Goa - 403001

**APPLICATION FOR REGISTRATION OF NEW ADVENTURE SPORTS ACTIVITIES/RENEWAL OF EXISTING ADVENTURE SPORTS ACTIVITIES**

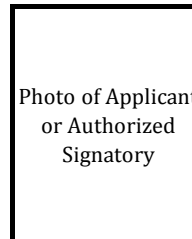
**FORM-XIX  
 (See rule 16(2))**

To,

The Prescribed Authority,

North Zone Office,  
 1st Floor, Paryatan Bhavan, Patto - Panaji  
 Goa - 403001

South Zone Office,  
 Block No.43, Ground Floor,  
 Mathany Saldanha Administrative  
 Complex,  
 Margao Goa - 403002



Sir,

I/We request that I/We, may be registered within the meaning section 19A of the Goa Registration of Tourist Trade Act, 1982, for the year \_\_\_\_\_ for the following adventure sports activity.

1 Adventure Sports Activity Code:\*(Refer Instruction No. 1)

New Registration  Renewal In case of renewal, enter certificate No

2 Operated By\*  Company  Individual Nationality \*(comapny / Individual)

3 Tourist area for operating business/ Operating Base.

Taluka\*

Place\*

4 Details of the person / company with full address intending to operate or is already operating

NAME\*

ADDRESS\*

VILLAGE/TOWN\*

TALUKA\*  PINCODE\*

PAN CARD\*  AADHAAR (For Individual)

MOBILE\*  OFFICE NO.

EMAIL

5 Name of the proprietors(in case of company, authorized signatories, in case partners name of all the partners)

SR NO	NAME*	MOBILE NO*	AADHAR NO	PANCARD NO

6 Applicant permanent resident of Goa\*  YES  NO

7 Whether operating from winch  YES  NO

8 Equipment Details

Model No.	Number	Model make	Capacity	Insurance (in Rs.)
<input type="checkbox"/>				
Craft No.				
<input type="checkbox"/>				
Motor No.				
<input type="checkbox"/>				

For office use only			
Inward ID: _____	Form Processing Status	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Doc Uploaded
Inward Date: _____		<input type="checkbox"/> Application Verified	

**Declaration:-**

I \_\_\_\_\_ do solemnly state that:-

- 1)I shall not overload the equipment
- 2)I shall carry out the activity of adventure sports/ para motor gliding, water sports activity/water sports operator within the permitted zone only as may be specified.
- 3)I shall adhere to all the instructions issued from the Registering authority from time to time.
- 4) I shall provide safety equipment to my client before starting the activity.

Place: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of applicant \_\_\_\_\_

NOTE:- THE APPLICANT SHALL BRING ALL ORIGINAL DOCUMENTS FOR VERIFICATION AT THE TIME OF REGISTRATION/RENEWAL

**Instructions 1:**

**Select code for adventure sports activity**

01	Bungee Jumping	02	Hot Air Balloon	03	Kite Boarding	04	Kite Surfing	05	Paraglider	06	Powered paraglider	7	Others
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Enclosures:- Tick mark necessary documents enclosed with the application form													
Document Type													
<input type="checkbox"/> Insurance of passenger.*	Policy No												
	Amount in Rs.						Validity						
							D D D M M Y Y Y Y Y						
<input type="checkbox"/> Insurance of equipment.*	Policy No												
	Amount in Rs.						Validity						
							D D D M M Y Y Y Y Y						
<input type="checkbox"/> Panchayat NOC/ Municipality permission./ Collectors permission.* (Collectors permission in case of paraglider / powered paraglider)	NOC/Doc No												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Life saving technique certificates from approved agency.*	Certificate/DocNo												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Pan card.	Pan No.												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Tan card.	Tan No.												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Copy of the printed tariff of the adventure sports activities.*													
<b>Paraglider / Powered Paraglider / Kite surfing</b>													
<input type="checkbox"/> Copy of permit from Air Traffic Control (ATC)	Permit No												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Copy of permit from INS Hansa of the Mormugao, Vasco, Goa / Superintendent of Police Law and Order/ Permit from Coastal Security/ Permission from District Magistrate to operate adventure sports/ Paragliding Motor Sports.	Permit No/DocNo												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<input type="checkbox"/> Trainer license / Pilot certificate from recognized authorities(in case of Kite surfing/Boarding and Paraglider/Powered paraglider)	License No												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												
<b>Bungee Jumping</b>													
<input type="checkbox"/> Jump Master Certificate.	Certificate No												
	Validity Date												
	Issue Date												
	D D D M M M Y Y Y Y Y												
	D D D M M M Y Y Y Y Y												

<input type="checkbox"/> Code of safety conducts of SANZ (Australia and New Zealand)	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
Hot air ballooning																						
<input type="checkbox"/> The Directorate General of Civil Aviation (DGCA) License	License No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
<input type="checkbox"/> Navy Permission / NOC for flying (incase of Hot air balloon)	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
<input type="checkbox"/> Superintendent of Police clearance report (incase of Hot air balloon)	Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
Other Document (Specify name and other details in the space provided below)																						
1	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
2	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
3	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
4	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											
5	NOC/Doc No																					
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y											
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y											

**Note: 1. All documents should be self attested by the applicant.**

2. In case of multiple NOC/Certificate/Insurance please fill details in "other document" section as mentioned above

3. In case of more than 5 other documents please provide details on additional blank page.

4. Fields marked with \* are mandatory.