

(Office Use) Permit #: _____



**St. Johns County
Habitat Conservation Section
904-209-0619
Beach Horseback Riding
Permit Application**

Date of HCP Training: _____

1. Name: _____
Address: _____

Telephone #: _____
Email Address: _____

2. Which of the following certifications are you seeking to obtain:
- Class I – General Equestrian Beach Guide
 - Class II – General Equestrian Day Pass
 - Master Equestrian Beach Guide (Must provide three written recommendations from three Master Equestrian Guides OR a written recommendation by the St. Johns County Horse Council)

If applying for Master Equestrian Beach Guide Permit:

- a. Are you a member of the St. Johns County Horse Council? Yes No
Number of years: _____ (Provide proof of membership)
- b. Are you a member of a horse riding club? Yes No
Number of years: _____ (Provide proof of membership)

Furthermore, I understand that, at all times, I shall take such precautions as may be necessary to avoid accident or collision with or injury to any persons, coastal wildlife and vegetation, or property.

In addition, I understand that soft sand and extreme tidal conditions may limit riding access. As the permit holder it shall be my responsibility to promptly remove the horses should they succumb to the sand and/or tides.

Finally, I understand that any violation to the aforementioned activities including any violation to the St. Johns County Beach Code may lead to a citation and revocation of my permit.

By signing below, I have read and understand the above-mentioned conditions of this permit.

Printed Name of Applicant

Authorized or Designee

Signature of Applicant

Date

Print, sign, and send application to:
3171 Coastal Hwy.
St. Augustine, FL 32084 or fax: 904-209-0620