



Department of Public Safety  
**MISSOURI STATE HIGHWAY PATROL**  
Colonel Sandra K. Karsten, Superintendent



An  
Internationally  
Accredited  
Agency

**Eric R. Greitens**  
Governor

**Charles A. (Drew) Juden**  
Director

Dear Commerical Parasail Applicant:

In order to process your application for a commercial parasail operation permit, you must provide the following information by March 1 of the year to be permitted. Applications received after that date will be considered on a case-by-case basis.

1. The exact area of the lake (from mile mark to mile mark) that your area of requested operation will encompass.
2. A photocopy of the appropriate vessel operator's license, as required by the United States Coast Guard (USCG), for each person who will be operating vessels utilized by your commercial parasail operation.
3. A photocopy of a valid USCG certificate of documentation and/or valid registration is required for boats used in parasail operations.
4. A comprehensive plan of operation to include safety procedures, method of towing procedures, and a complete description of all vessels involved in your operation (including registration and/or documentation numbers).
5. Upon approval of your application, you will be required to furnish proof of purchase of a minimum of \$1,000,000 liability insurance for your commercial parasail operation. This insurance must provide coverage for customers, be maintained, and in effect throughout the duration of the permit.

Permit applicants should also be aware of the following:

1. Both the Missouri State Highway Patrol and the USCG must be contacted immediately by the parasail operator if an accident occurs.
2. Operators and vessels involved in commercial parasail operations will be subject to inspection at any time by a Missouri State Highway Patrol officer to ensure compliance with Chapter 306 of the Revised Statutes of Missouri and the USCG operator's licensing requirements. **The vessel operator must maintain a copy of their USCG license and approved Parasail Operation Permit on board the vessel for inspection.**
3. The following areas on the Lake of the Ozarks will not be permitted for commercial parasail operations:
  - a. From Bagnell Dam to the .5 mile mark of the Osage arm.
  - b. All coves unless specified approval is obtained from the Missouri State Highway Patrol.
4. Permitted parasail operators are expected to utilize their approved areas as indicated on the permit or be subject to review for reassignment of the area to another applicant.

Dear Commerical Parasail Applicant:

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5. Parasail operators are required to suspend operations in the event of an accident until a Missouri State Highway Patrol officer has arrived on the scene. Parasail operations will not continue until the investigating officer is satisfied that all safety equipment and procedures have been reviewed by the operator/permittee.
6. The Missouri State Highway Patrol may temporarily suspend parasail operations in a permitted area to facilitate approved marine events such as regattas, boat races, etc.
7. The towing harness should not allow the passenger to jump free of the parasail while in flight. A "basket" type harness is not permitted.
8. No more than three passengers will be towed by a single vessel at one time.
9. Every permitted towing vessel will have separate, properly designed chutes to safely tow adults and/or children.
10. Each parasail passenger will be provided with a properly fitted high quality USCG-approved wearable personal floatation device that meets or exceeds industry standards.
11. Parasail operators/permittees must assure that all tow equipment is routinely inspected and in good working condition. Tow ropes cannot be worn, frayed, or tied in knots other than at required points of connection.
12. All parasail activity including launch, tow, and recovery will be allowed only from a single vessel. Operators will not be permitted to pull or return a parasail passenger to a fixed platform such as a dock, swim platform, or the shoreline.
13. Parasail vessel operators, crew members, and permittees will follow the directives of any Missouri State Highway Patrol officer as provided by law to ensure the safe operation of the parasail vessel and a safe boating environment for all.

Please retain this portion of this letter for reference. Please complete the information on the next page and submit it with the required documents to the Missouri State Highway Patrol, Water Patrol Division, at the address on page one. If you have any questions, please feel free to contact the buoy and regatta coordinator, Ms. Sydney Kendrick at (573) 751-5071, or email at [regattas@mshp.dps.mo.gov](mailto:regattas@mshp.dps.mo.gov).

Sincerely,



SANDRA K. KARSTEN, Colonel  
Superintendent

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Dear Commerical Parasail Applicant:

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I have read and understand the requirements and obligations in the letter provided and will maintain a copy throughout the approval period of the permit. Furthermore, I understand that as a commercial parasail operator/permittee, I assume full liability and responsibility for the safe and proper operation of this business and I will maintain the minimum required liability insurance throughout the term of the permit.

PRINTED NAME OF BUSINESS: \_\_\_\_\_

PRINTED NAME OF AUTHORIZED AGENT: \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

## MISSOURI STATE HIGHWAY PATROL APPLICATION FOR PARASAIL OPERATION

NAME OF PARASAIL OPERATION	
CONTACT NAME	TELEPHONE NUMBER
MAILING ADDRESS	
BODY OF WATER	
OPERATION START DATE	OPERATION END DATE

<b>PARASAIL TOWBOAT INFORMATION</b>	
BRAND NAME	LENGTH
REGISTRATION OR DOCUMENTATION NUMBER	
TYPE OF PARASAIL APPARATUS (manufacturer)	
TYPE OF HARNESS (describe)	

<b>NAME OF CAPTAIN(S) AND U. S. COAST GUARD LICENSE NUMBER</b>			
NAME OF CAPTAIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	USCG LICENSE NO.		YEARS OF EXPERIENCE
NAME OF CAPTAIN	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	USCG LICENSE NO.		YEARS OF EXPERIENCE

<b>THIS IS AN APPLICATION ONLY. IF APPROVED, YOU WILL BE NOTIFIED AS SOON AS POSSIBLE.</b>		
I agree to comply with all provisions of RSMo, Chapter 306 relating to watercraft regulation, licensing, and safety.		
APPLICANT SIGNATURE	CONTACT TELEPHONE NUMBER	DATE SUBMITTED
Mail to: MISSOURI STATE HIGHWAY PATROL WATER PATROL DIVISION P.O. BOX 568 JEFFERSON CITY, MO 65102-0568		

<b>OFFICE USE ONLY</b>	
REVIEWED BY (initial) Colonel _____ Major _____ Captain _____	PARASAIL PERMIT NUMBER