## APPLICATION FOR LICENCE TO ACT AS A BOATMASTER

TO: Environmental Services Officer

	REBY REQUEST to have a licence granted to me to act as a Boatmaster during to a standard to the standard standa	•
1.	FULL NAME:	
2.	ADDRESS:	
	Post Code:	
3.	Date of Birth: Home Telephone No	
4.	How long have you had experience of a Pleasure Boat?	
5.	Name & Address of Employer:	
6.	Have you previously held a licence of the type now applied for? *YES / NO	
	If 'YES' what Number: Expiry Date:	
7.	Are you medically fit to act as a Boatmaster? *YES / NO	
8.	Supply evidence of your fitness to control and manage a Pleasure Boat:	
Sign	ed :	
Dat	d this day of 20	
(* De	ete where appropriate)	
FO	OFFICE USE	
Date	Application Received:/	
Inte	im Receipt No	
Am	unt Paid: £	
Exa	nined and Approved by:	
Nur	ber of Licence:	
Date	Licence Issued://	