

FAU Boat Safety Program Boat Application

Name:	Date of Birth: / /	Sex: M F
Campus:	Department:	
Home Phone: () Office:	Email:	
Are you currently boat certified? Y N Certification organization? _____	Are you: Student ___ Staff ___ Faculty ___ Other ___	

Boating Plans: _____

Project and department with which you will be operating boats at FAU: _____

Home Address:

Street: _____ City: _____

Apt. No: _____ Zip: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Street: _____ City: _____ State _____

Home Telephone: () _____ - _____ Work Phone: () _____ - _____

I wish to apply for entry into the Florida Atlantic University Boating Safety Program. I agree to abide by the policies of the FAU Diving and Boating Safety Committee and to adhere to their policies and procedures concerning all boating activities. Mail completed form to EH&S or fax to: (561) 297-2210.

_____	_____
Printed name	Date

Signature	

I confirm the above has a research or academic need to operate FAU boats and I am the responsible PI or Supervisor.

_____	_____
Print Name of PI or Sponsor	Date

Signature of PI or Sponsor	

Personal Boating Experience

BOAT TRAINING:

Level	Certifying Agency	Location	Total Hours			Date of Completion	Instructor Name and # if known
			Online/Lecture/maneuvering				

OTHER RELATED TRAINING:

Date of Completion and Organization	
CPR	Oxygen First Aid
First Aid	Life Guard

Brief description of other boater training (military, commercial, scientific, public safety): _____

EXPERIENCE:

Total Number of Boat Trips _____ Total Boat Time (operator or crew) _____

Total operator hours _____ Date of boat trip _____

Number of Trips last year _____ Maximum Length of Single Trip _____

Indicate number of boat experiences for each category and whether you were operator or crew (passenger):

Equipment	0-10	11-25	25-50	>50	>100	Operator	Crew
Kayak or Canoe							
Skiff or dinghy							
Sailboat							
Pontoon boat							
Center Console							
Walk-Through							
Twin Hull (power)							
Flats boat							
Trawler							
Cabin cruiser							
Airboat							
Large oceangoing ship							

Indicate with appropriate letter your degree of experience boating in the following conditions:

E = Extensive (>20 times)

L = Limited (1-4 times)

M = Moderate (5-20 times)

_ = Leave blank if no experience

Fresh water

_____ Lake

_____ River

_____ Pond

_____ High Current

_____ Rapids or Whitewater

_____ Swamp or Marsh

Ocean

_____ Near Shore

_____ Inlets

_____ Harbors

_____ Channels

_____ Estuary

_____ Lagoons

_____ Reef Areas

Special Operations

_____ Night

_____ Off Shore (3+ nm.)

_____ Diving

_____ Multiple Boats

_____ Shallow (<12 in.)

List geographical areas that you have operated boats: _____

STATEMENT

I certify that the above information is correct. I agree to follow the safety regulations of the FAU "Diving and Boating Safety Manual" and to abide by whatever limitation and restriction may be imposed by FAU boating officials.

Print Name

Date

Signature