

FAU Boat Safety Program Boat Application

Name:	Date of Birth:	Can you Swim? Y N
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: _____ State: _____

Apt. No: _____ Zip: _____ Country: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Street: _____ City: _____ State _____

Home Telephone: _____ Work Phone: _____

Directions:

All candidates to operate boats under the auspices of FAU must have a PI or Supervisor who will attest they have a research or academic need to operate boats. Please have an appropriate PI or Supervisor confirm this by signing below.

I confirm the above applicant 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

Ocean

Special Operations

_____ Lake

_____ Near Shore

_____ Night

_____ River

_____ Inlets

_____ Off Shore (3+ nm.)

_____ Pond

_____ Harbors

_____ Diving

_____ High Current

_____ Channels

_____ Multiple Boats

_____ Rapids or Whitewater

_____ Estuary

_____ Shallow (<12 in.)

_____ Swamp or Marsh

_____ Lagoons

_____ Reef Areas

List geographical areas that you have operated boats: _____

STATEMENT:

I wish to apply for entry into the Florida Atlantic University Boating Safety Program.

I agree to follow the safety regulations of the FAU "Diving and Boating Safety Manual" and abide by the policies of the FAU Diving and Boating Safety Committee and to adhere to their policies and procedures concerning all boating activities.

I certify that the above information is correct.

Email completed form to FAU Boating Safety Officer, or mail to EH&S, or fax to: (561) 297-2210.

Print Name

Date

Signature