

BOAT OPERATOR'S EXPERIENCE RESUME

Name: _____ Daytime Phone #: _____

Address: _____ Fax: _____

_____ Email Address: _____

_____ Proposed Vessel _____

Drivers License: _____ ST__ USCG lic.#: _____ Rating _____

Date of Birth: _____ Occupation: _____

Business name and address: _____

Total years boating experience: _____

Date of purchase of Proposed Vessel: _____ please include purchase Price

Boats you have owned:

Length	<input type="checkbox"/> Power <input type="checkbox"/> Sail	Make	Years Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Boats you have operated: (If more than two list the largest or longest operated)

Length	<input type="checkbox"/> Power <input type="checkbox"/> Sail	Make	Hours Operated
_____	_____	_____	_____
_____	_____	_____	_____

Describe any marine losses, claims or accidents you have been involved in during the last 5 years and the nature of your involvement:

Please give us a description of your experience and qualifications to operate and/or maintain the vessel listed above.

****** Please include copies of Survey, Safety classes, and Drivers License if you have a Captains License please include a copy.**