

**DEPARTMENT OF PARKS AND RECREATION****DIVISION OF BOATING AND WATERWAYS****APPLICATION FOR FOR-HIRE VESSEL  
OPERATOR'S LICENSE**

CHECK APPLICABLE BLOCK
ORIG. LICENSE RENEWAL

I, the undersigned, hereby make application for a license to operate vessels carrying passengers for hire on the waters of the State of California under the provisions of Sections 760-772, Harbors and Navigation Code. Information in support of this application is furnished below;

**SECTION I-APPLICANT'S IDENTIFICATION**

1. NAME IN FULL (LAST, FIRST, MIDDLE)			2. SOCIAL SECURITY NO.	
3. PERMANENT MAILING ADDRESS			HOME ADDRESS AND TELEPHONE NUMBER	
4. DATE OF BIRTH MONTH                      DAY                      YEAR		5. PLACE OF BIRTH		
6. SEX	7. HEIGHT	8. WEIGHT	9. COLOR HAIR	10. COLOR EYES
11. DISTINGUISHING MARKS OR SCARS, IF ANY				

**SECTION II-TYPE OF LICENSE APPLIED FOR**

12. TYPE OF VESSEL TO BE OPERATED	13. WATERS WHERE VESSEL WILL BE OPERATED
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**SECTION III--BOATING EXPERIENCE RECORD**

ORIGINAL-TOTAL TIME-RENEWAL--LAST 5  
YEARS  
REVISION -SINCE ORIGINAL LICENSE

14. TYPE VESSEL	LENGTH VESSEL	USE OF VESSEL	WATERS NAVIGATED	ACTIVITY	DATE		TOTAL TIME IN HOURS	OWNER OF VESSEL  NAME AND ADDRESS
				POSITION	FROM	TO		

OTHER APPLICABLE EXPERIENCE AND OR TRAINING (CLASSES, SCHOOLS, ETC.)

15. HAVE YOU EVER BEEN INVOLVED IN A BOATING ACCIDENT IN WHICH YOU WERE THE OPERATOR?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES GIVE DATE \_\_\_\_\_ AND

LOCATION \_\_\_\_\_

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## SECTION IV-U. S. COAST GUARD LICENSE

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16. DO YOU NOW HOLD A VAUD U. S. COAST GUARD LICENSE? YES [ ] NO [ ]  
(IF YES. COMPLETE ITEMS IT-21. BELOW)

17. GRADE. CLASS. AND LIMITATIONS OF PRESENT LICENSE

18. LICENSE  
NUMBER

19. ISSUE NUMBER

20. DATE OF ISSUE

21. PORT OF ISSUE

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## SECTION V--PHYSICAL RECORD

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22. HAVE YOU ANY PHYSICAL DEFECTS? YES [ ] NO [ ] (CHECK ONE IF YES. EXPLAIN FULLY)

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USE THIS SPACE TO EXPLAIN  
IF MORE SPACE IS NEEDED ATTACH A SEPARATE SHEET

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## SECTION VI--CHARACTER RECORD

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23. HAVE YOU EVER HAD A MARINE LICENSE. CERTIFICATE OR MERCHANT MARINER'S DOCUMENT ISSUED BY THE U. S. COAST GUARD. ANOTHER STATE OR A FOREIGN GOVERNMENT REVOKED. SUSPENDED. OR SUSPENDED WITH PROBATION GRANTED?

(IF YES COMPLETE ITEMS 24. 25. AND 2B BELOW) YES [ ] NO [ ]

24. DATE (APPROX.)

25. PLACE

26. CAUSE

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27. HAVE YOU EVER BEEN CONVICTED BY ANY COURT (INCLUDING MILITANT COURT) FOR ANY VIOLATION INVOLVING A VESSEL?

YES [ ] NO [ ]

(IF YES. STATE PLACE. DATE AND PARTICULARS OF EACH CONVICTION IN ITEM 29 BELOW)

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28. HAVE YOU EVER USED OR BEEN ADDICTED TO THE USE OF NARCOTICS?  
(IF YES. STATE PLACE. DATE AND PARTICULARS OF USE OR ADDICTION: IN ITEM 29. BELOW)

YES [ ]

NO [ ]

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29. PARTICULARS OF CONVICTION/USE OR ADDICTION

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## SECTION VII-CHARACTER REFERENCES

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30. GIVE NAMES OF *THREE* (31 PERSONS. OTHER THAN MEMBERS OF YOUR IMMEDIATE FAMILY. WHO HAVE KNOWLEDGE OF YOUR BOAT HANDLING ABILITY AND MORAL CHARACTER. ONE OF WHICH SHOULD BE EMPLOYED IN THE FIELD OF BOATING. YOU ARE REQUIRED TO FURNISH A STATEMENT FROM EACH OF THESE REFERENCES.

(RENEWAL--LAST S YEARS)

(REVISION -SINCE ORIGINAL LICENSE)

NAME ADDRESS OCCUPATION

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NAME ADDRESS OCCUPATION

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NAME ADDRESS OCCUPATION

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## SECTION VIII--CERTIFICATE OF APPLICANT

(READ CAREFULLY BEFORE SIGNING)

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31. I *HEREBY CERTIFY* that all staements made in this application are true, and I agree and understand that any false statements or misstatements of material fact will constitute grounds for refusal to issue license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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