

# APPLICATION FOR UCSC SMALL BOAT OPERATOR CERTIFICATION

PLEASE PRINT

Date \_\_\_\_\_

**NAME:** Last, First, Initial \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

**LOCAL ADDRESS:** Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_ e-mail \_\_\_\_\_

(Please indicate place you will receive mail most quickly with an \*)

**CAMPUS ADDRESS:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

PERMANENT ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ EXPECTED DATE OF GRADUATION \_\_\_\_\_  
 BOARD OF STUDIES/RESEARCH GROUP UNDERGRADUATE/GRADUATE (circle one)

**Students:** \_\_\_\_\_  
 Print name of Chair/Major or Thesis Prof./Researcher Board of Studies

**Staff & Non-students:** \_\_\_\_\_  
 Print name of Supervisor or Agency Administrator Department/ORU

University Small Boat Operator Certification allows the use of the University's vessels by those who have need of this tool in their work or study. Only a person working or studying under the auspices of UCSC is eligible for UCSC Small Boat Operator certification.

•State your need for University Small Boat Operator Certification:

\_\_\_\_\_  
 \_\_\_\_\_

## Small Boat Experience

Vessel Type/Size	Your role <small>(ex. Capt., deckhand, scientist, etc.)</small>	Number of Days/Dates	Area(s) of Operation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Other Aquatic Experience (swimming, diving, surfing, kayaking, etc.):