



BOAT OPERATOR'S EXPERIENCE RESUME

Name _____ Daytime Phone # _____

Address _____ Fax # _____

_____ Email Address _____

_____ Proposed Vessel _____

Drivers License # _____ ST ___ USCG lic. # _____ Rating _____

Date of Birth: _____ Occupation: _____

Total years boating experience _____

Boats you have owned:

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

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
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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.

Date :