Department of Labor and Industries WISHA Services Division PO Box 44655 Olympia WA 98504-4655



APPLICATION FOR STATE OF WASHINGTON CHARTER BOAT OPERATORS LICENSE

Name of applicant		Phone number		Date of birth
Mailing address				
City			State	ZIP+4
Body of water operating on				_ L
STATEMENT OF EXPERIENCE FOR BOAT OPERATION				
Vessel Name and Official Numbers	* Vessel Class	Tonnage	# Hours of Operation	
* Vessel Class Less than 16 ft – Class A 16 ft to 26 ft – Class 1 26 ft to 40 ft – Class 2 40 ft to 65 ft – Class 3				
Have you ever held a United States license as master, mate, pilot or engineer of vessels? Yes No If yes, state the kind of license last held, when issued, what title did you hold, and the port where issued.				
Was the last license held by you suspended or revoked? Yes If suspended or revoked, state "suspended" or "revoked", when suspended or revoked, the port where the inspectors who acted on the license were located, and the cause.				
We, the undersigned, do certify from perso person of temperate habits and good charac which he/she makes application	nal knowledge that the applicant name ter, and recommend him/her as a suita	ed ble person to be entrusted	with the dut	ies of the station for
Name (print & sign)	Address & Phone number		Occupation	

ATTACH COMPLETED PHYSICAL EXAMINATION WITH COLOR VISION.