

APPLICATION FOR A NEW BOATMAN'S LICENCE

This application form must be completed and taken to the Competency Assessment appointment

Please use BLACK INK and CAPITALS throughout.

Return to: Licensing Services, NFDC, Appletree Court, Beaulieu Road, Lyndhurst, SO43 7PA **New and renewal licences will be granted for 3 years.**

1. Your det	aile								
Full name	alis								
T dil Hamo									
Date of birth	Place of bi				С	colour of eyes			
						•			
Colour of hair			Complexion			leight			
Any dietinguishi	na mar	ks/tattoos	<u> </u>						
Any distinguishing marks/tattoos									
2. Home address and contact details									
Address									
				Postcode					
Home phone nu	mber								
Mobile phone number									
Business phone									
number									
Email address									
3. Details o	f Boat								
Name of Boat									
NFDC Licence number									
Mooring area									
Passenger embarkation point									
rassenger embarkation point									
4. Current I	Boatma	an licenc	e (if applicable)					
Do you have an existing Boatman's licence – Please circle YES NO									
If YES please provide details:									
Licence				Issuing					
number				Authority					
Date of expiry									

5. Relevant experience/qualifications You will need to provide evidence of these at your appointment with the									the	
Assessor										
Experience in smal	l passe	nger craft (duri	na the n	ast t	hree vea	rs			
From (date) To (date)		durir	ng the p Name of craft							
Qualifications		Please	e tic	:k						
		YES/NO		sue date	е	Expiry date	Certific	cate numbe	r	
DoT Certificate in Competency										
Yacht Master (Coa	stal)									
Coastal Skipper Certificate (RYA)										
Day Skipper										
First Aid certificate										
VHF Radio Certificate										
Sea Survival										
Level 2 powerboat										
PPR (Professional										
Practice and										
Responsibilities)										
Commercial	,									
endorsement (RYA)										
Other (please state)										
6. Checklist			<u> </u>			<u>I</u>	Tick wl	hen enclose	ed/attach	ed
1. Cheque or c	ontact	details for o	card	l payme	nt					•
2. Two passpo	rt sized	photograp	hs							

Assessment form signed by assessor with photograph attached							
4. Me	edical form						
7. De	claration						
I hereby declare that the statements I make on this form are true and understand that should I make a misleading statement I shall be committing an offence for which I may be prosecuted.							
Signed		Dated					
Our Privacy Notice is available at http://www.newforest.gov.uk/licensing If you have provided any information which is special category data (relating to health, race, ethnic origin, religion, politics, genetics, biometrics, trade union membership, sex life or sexual orientation) then you must give your consent for us to process the data by ticking the box.							