

Marine Safety Reserve

4005 - 20th Ave. West, Room 232
Seattle, WA 98199
Phone: (206) 284-4720 / 283-7735
Fax: (206) 283-3341

Application for Approval of Alternate Skipper

Date submitted _____ Date to be effective _____

Name of Vessel to have alternate skipper _____

Owner of Vessel _____ Address _____

Proposed Skipper's Name _____ Age _____

U.S. Citizen? Yes ___ No ___ Years he has fished _____ Does he have any licenses? _____

Navigational, safety, fire, or other schools he has attended _____

Has applicant even run a boat before? (That is, in full charge) _____

Has applicant ever been an engineer on a vessel? _____

Has applicant ever been in charge of a vessel that had a claim? _____ If yes, describe: _____

Has applicant, within the past five years, been convicted of, pleaded guilty or no contest to, any felony or misdemeanor other than parking violations? If yes, please provide a description of the charges and the final outcome. _____

Has applicant, within the past five years, had his or her driver's license surrendered, suspended or revoked; or been arrested for or charged with, operating a motor vehicle or vessel while under the influence of alcohol or drugs? If yes, please provide a brief description of the event including whether the applicant was required to complete an alcohol or drug rehabilitation program. _____

(Use reverse side if additional space is required)

Have you, as owner, personally checked this man's qualifications? _____

Personal references: _____

Vessels he has fished on _____

(Use below if more space is needed to answer any questions)

The undersigned owner certifies that the proposed alternate skipper has passed a test for dangerous drugs within the past 30 days and he will keep a copy of such a test report.

Yes _____ No _____

We attest to the fact that the above is true and correct to the best of our knowledge

Applicant Signature _____ Owner Signature _____

Applicant must also submit a signed resume of his experience

Additional comments:
