WEST COAST MARINE FUND PACIFIC MARINE FUND AMERICAN MARINE FUND

4005 - 20th Avenue West, Rm 232 SEATTLE, WASHINGTON 98199 PHONE: (206) 783-5416 FAX: (206) 283-3341 EMAIL: THREEMARINEFUNDS@HOTMAIL.COM

APPLICATION FOR BOARD APPROVAL OF VESSEL MASTER

Name of Vessel:
Owner of Vessel:
Owner or Vessel Manager Address:
Applicant's Name:
Estimated date of when applicant to assume command:
State the area where the vessel will operate with the applicant as master:
Is applicant a US Citizen? Yes: No:
List the vessels on which applicant has served as master:
Applicant must submit and sign the Description of Experience, page 2.
Attach copy of applicant's drill instructor card and CPR card.
I certify that I have personally verified the applicant's qualifications, that I had the applicant examine and sign the VESSEL OPERATION AND REQUIREMENTS CHECKLIST, and that I instructed the applicant to post the REQUIREMENTS near the helm station in the wheelhouse.

The above information is true and correct to the best of my knowledge.

Date submitted: _____

Signed by Owner or Vessel Manager

DESCRIPTION OF EXPERIENCE

Please describe the following and provide other information relevant to maritime experience:

	ddition to serving as master or engineer, describe commercial fishing experience v sel names, periods of service, types of fisheries and fishing areas:
US	CG licenses held by applicant and USCG licenses revoked or suspended:
Dat	e of Birth:
Nav	vigation, safety, fire or other maritime schools attended:
	cription of any hull and machinery claim occurring while applicant served as mast vessel:
Nar	nes and phone numbers of three personal references from the maritime industry:
1.	
2.	
 3.	
Oth	er information that will be useful to the board of directors in assessing applicant's lifications:

Signature of Applicant