



Office of Marine Operations

3152 Paradise Drive, Tiburon CA 94920 415-435-7123

## Small Boat Operator Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Phone

### Previous Boating Experience

Briefly describe previous boating experience, number of years, types of boats and certifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Statement of Understanding

I understand that I must be authorized by the SFSU Marine Superintendent prior to operating any SFSU vessel and that I must comply with all standards and policies of the SFSU Boating Safety Manual. I have in my possession a copy of the SFSU Boating Safety Manual and have read and fully understand the contents of the SFSU Boating Safety Manual. I agree to comply with **ALL** guidelines, regulations, procedures and standards set by the SFSU Boating Safety Manual and I understand that failure to comply with **ANY** standards set by the manual may result in restriction, suspension or revocation of my authorization to operate SFSU vessels by action of the SFSU Marine Superintendent and/or SFSU Ship Operations Committee.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date