

**BOATING EDUCATION INSTRUCTOR APPLICATION**



*PLEASE COMPLETE ALL 3 PAGES OF THIS APPLICATION!*

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**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ WORKPHONE#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOW LONG WITH EMPLOYER? \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

HAVE YOU SUCCESSFULLY COMPLETED A NATIONAL ASSOCIATION OF STATE BOATING  
LAW ADMINISTRATORS (NASBLA) APPROVED BOATING EDUCATION COURSE? \_\_\_\_\_

DO YOU HAVE ANY CONVICTIONS? (Criminal, Wildlife and Fisheries)

YES                      NO                      (circle one)

IF YES, PLEASE EXPLAIN INCLUDING LOCATION OF CONVICTION:

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

DRIVER'S LICENSE # / STATE OF ISSUE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN #: \_\_\_\_\_

CIRCLE HIGHEST EDUCATION LEVEL: High School    College > 1 2 3 4    Post Graduate

DEGREE EARNED (If any):

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**BOATING EXPERIENCE:**

NUMBER OF YEARS BOATING EXPERIENCE: \_\_\_\_\_

DESCRIBE YOUR BOATING EXPERIENCE (Including types of boats operated):

DO YOU HAVE ANY FORMAL TRAINING IN BOATING? IF YES, PLEASE LIST THE  
COURSES YOU HAVE TAKEN.

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RECREATION, OR WATERBASED ACTIVITIES? IF YES, PLEASE LIST.

DO YOU CURRENTLY OWN AND OPERATE A BOAT?

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**TEACHING EXPERIENCE / INFORMATION:**

PLEASE LIST DETAILS OF YOUR TEACHING OR PUBLIC SPEAKING EXPERIENCE. YOU MAY INCLUDE ANY SPECIALIZED TRAINING OR PUBLIC SPEAKING COURSES YOU MAY HAVE TAKEN.

LIST CITIES/PARISHES WHERE YOU WOULD LIKE TO OFFER A COURSE. HOW MANY COURSES PER YEAR WOULD YOU LIKE TO TEACH?

WHY DO YOU WANT TO BECOME A BOATING EDUCATION INSTRUCTOR?

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**REFERENCES:** *Please list three references who can talk to us about your background.*

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ Evening: \_\_\_\_\_

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I understand that this application is subject to a criminal violation and records check **AT ANY TIME** by the Louisiana Department of Wildlife and Fisheries Enforcement Division or other appropriate law enforcement agency. The Department reserves the right to not process the application further based on information provided by the records check.

I agree I will not knowingly pass any persons or issue a certificate to anyone who has not met all the requirements necessary for successful completion of the Louisiana boating education course. I have received, read, and understood the policy and procedures of the course and agree to follow them. I am aware I will be collecting personal identification information from students and I agree not to misuse, release, publish, or otherwise mishandle any personal identification information collected. I realize that the Louisiana Department of Wildlife and Fisheries Law Enforcement Division may, at its discretion, revoke my "certified instructor status" at any time that it is in the best interest of the State to do so.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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RETURN TO: Louisiana Department of Wildlife and Fisheries  
Attn: Boating Safety Education RM 16  
P.O. Box 98000  
Baton Rouge, LA 70898

FOR QUESTIONS CALL:  
Lieutenant Tim Fox  
Boating Safety Education  
225/765-2984 office  
225/765-0593 fax  
[tfox@wlf.la.gov](mailto:tfox@wlf.la.gov)

*Please visit our website at [www.wlf.louisiana.gov](http://www.wlf.louisiana.gov).*

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DEPARTMENT USE ONLY:

APPLICATION RECEIVED BY: \_\_\_\_\_

REFERENCES CHECKED BY: \_\_\_\_\_

APPROVED FOR TRAINING: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RESULTS: