

BOATING EDUCATION INSTRUCTOR APPLICATION



PLEASE COMPLETE ALL 3 PAGES OF THIS APPLICATION!

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):

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?

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?

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: _____

E-mail Address: _____

Relationship: _____

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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: _____

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:
Boating Safety Education
225-765-2984 office
225-765-0593 fax
boated@wlf.la.gov

Please visit our website at www.wlf.louisiana.gov .

DEPARTMENT USE ONLY:

APPLICATION RECEIVED BY: _____

REFERENCES CHECKED BY: _____

APPROVED FOR TRAINING: _____

CERTIFIED BY: _____

DATE: _____

RESULTS: