

**BOATER 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: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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 BOATER EDUCATION COURSE? \_\_\_\_\_

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

YES                      NO                      (*circle one*)

IF YES, PLEASE EXPLAIN INCLUDING LOCATION OF CONVICTION:

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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.

DO YOU CURRENTLY OWN AND OPERATE A BOAT?

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**TEACHING EXPERIENCE / INFORMATION**

LIST DETAILS OF YOUR TEACHING OR PUBLIC SPEAKING EXPERIENCE. INCLUDE ANY SPECIALIZED TRAINING OR PUBLIC SPEAKING COURSES YOU 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 BOATER EDUCATION INSTRUCTOR?

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**REFERENCES** *(Please list three references who can talk with us about your background.)*

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

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

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

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

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

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

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

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

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

I understand LDWF Enforcement Division will conduct a criminal history background check during the initial application and each year thereafter. 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 boater 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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SUBMIT APPLICATION VIA EMAIL ([boated@wlf.la.gov](mailto:boated@wlf.la.gov)) OR MAIL:

LDWF Law Enforcement Division  
Boater Education  
P.O. Box 98000  
Baton Rouge, LA 70898

For more information, please contact Lieutenant Dean Aucoin at 225-765-2984.

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**DEPARTMENT USE ONLY**

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

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

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

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

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

RESULTS: