**APPLICATION FOR OSU SCIENTIFIC BOATING CERTIFICATION**

*Personal Contact Information*

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Emergency Contact Information*

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

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OSU Affiliation*

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider (Name and Policy Number):

Additional insurance (vessel insurance, supplemental medical, etc):

**Part 2: Boater Training and Experience (Please attach copies of all certifications)**

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| --- | --- | --- |
| **Certification Level/Agency** | **Cert Date** | **Copy Attached?** |
| Oregon Boater Education Card |  |  |
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| **Other Training or Certifications** | **Completion Date** | **Agency** | **Expiration Date**  | **Copy Attached?** |
| First Aid |  |  |  |  |
| CPR |  |  |  |  |
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Other relevant certifications (CPR, Lifesaving, etc,-list and attach copies):

**History of Water Activities:**

**General** (Briefly describe swimming, water sports, lifesaving experiences)

**Boating** (Briefly describe small boat experiences [operation, launching/recovery, trailering, etc.] and locations)

**Submit boating logs/information from your last 5 outings. Fill in as much information as you can.**

Please include all of the information from the following example.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **Return Time** | **Location** | **Project/Type of Operations** | **Operator Name** | **Vessel length (ft)** | **Vessel Type**  | **Propulsion type** | **Vessel Owner** | **Notes****(weather, water conditions, etc)** |
| 02/08/2012 | 0900 | 1130 | Yaquina Bay, OR | Scientific diving ops | Kevin Buch | 16 | Zodiac inflatable | 25 hp outboard | OSU-Research Office | Light wind, light chop |
|  |  |  |  |  |  |  |  |  |  |  |

**Part 3: Compliance Statement**

University scientific boating certification allows the use of motor vessels and other craft by those who have need of these tools in their work or study. Only a person working under the auspices of OSU is eligible for OSU scientific boating certification.

*State your need for Oregon State University scientific boating certification:*

The applicant agrees that all scientific boating under OSU auspices will be carried out in accordance with the provisions of the OSU Scientific Boating Safety Manual. Violation of any regulation may result in revocation or restriction of certification.

Applicant (signature) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4: For Visiting Operators Only**

*Home Institution Information*

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSO Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSO Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Additional Documents Required for Visiting Operators** | **Date** | **Copy Attached?** |
| OSU Scientific Boating Release and Waiver Form |  |  |
| OSU Volunteer Form |  |  |
| Letter of Reciprocity |  |  |