

**APPLICATION FOR THE GRANT/RENEWAL OF A**

**BOATMAN'S LICENCE**

**PUBLIC HEALTH ACT (AMENDMENT) ACT1907**  
**LOCAL GOVERNMENT PLANNING AND LAND ACT 1980**

*"This council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes."*

Surname	
First name(s) in full	
Address	
Date of birth	
I confirm I am 18 years of age or over	Yes <input type="checkbox"/> No <input type="checkbox"/> Tick relevant box
Confirm class of vessel (Class A, up to 20ft in length)	
Details of previous experience in Small Passenger Vessels during the last 4 years (new applicants only)	
Type of licence required (Please use separate forms if applying for both licences) (Tick relevant box)	
<input type="checkbox"/> Full Boatman Licence for operating and taking charge of a vessel whilst on water (navigating)	<input type="checkbox"/> Restricted Boatman Licence for taking charge of a vessel hired from the shore.

Do you hold a certificate of boat handling competence issued by a nationally recognised body such as the Maritime Coastguard Agency code of Practice for Small Passenger Vessels (MCA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, provide the original document (this will be returned to you as soon as practicable)

Do you hold a Maritime and Coastguard Agency (MCA) ML5 Medical Certificate completed by your own General Practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, provide the original document (this will be returned to you as soon as is possible)

**DECLARATION**

I declare that to the best of my knowledge and belief I am not suffering from any disease or disability which could be likely to make it unsafe for me to be in charge of a vessel let for hire. I further declare that I am qualified for the type of licence for which I have applied.

**IN PURSUANCE of the Public Health Act (Amendment) Act 1907** I hereby apply for the grant of a Boatman's Licence. I understand that the licence, if granted may be suspended, revoked or endorsed by the Council whenever they shall deem such suspension, revocation or endorsement to be necessary or desirable in the interest of public safety or in the event of any breach of the conditions attached to the said licence

<b>Signature:</b>	<b>Date:</b>

**DOCUMENTATION ENCLOSED WITH THIS APPLICATION**

**Please note that your application will not be processed unless the necessary documentation is submitted with this form.**

Certificate of boat handling competence issued by a nationally recognised body such as the Maritime Coastguard Agency code of Practice for Small Passenger Vessels (MCA). (to be returned – please retain a copy for your records)	
Current Maritime and Coastguard Agency (MCA) ML5 Medical Certificate (to be returned – please retain a copy for your records)	
Application fee for Grant or Renewal of.....	