



Commonwealth of Massachusetts

MASSACHUSETTS ENVIRONMENTAL POLICE

Safety Bureau • P.O. Box 1325, Forestdale, MA 02644 • Phone 508-564-4961 • Fax: 508-564-4964 • boatsafetycourse@mass.gov

Massachusetts Boating Safety Certificate Application

STUDENT MUST BE AT LEAST 12 YEARS OF AGE UPON FINAL EXAM TO REGISTER

ALL FORM FIELDS REQUIRED

Student Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Gender: _____ Eye Color: _____ Hair Color: _____

Under 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

THE FOLLOWING SECTION SHALL BE COMPLETED BY THE COURSE INSTRUCTOR

INSTRUCTOR: I CERTIFY THAT THE ABOVE NAMED STUDENT HAS ATTAINED THE AGE OF 12 AT THE TIME OF TESTING AND HAS SUCCESSFULLY COMPLETED THE COURSE IDENTIFIED BELOW, IN ADDITION TO THE MASSACHUSETTS BOATING LAW TEST WITH A SCORE OF 80% OR HIGHER.

Organization: _____

Course Name: _____

Course Location: _____

Course Date(s): _____

Instructor Name: _____

Instructor Signature: _____

Course Score: _____ State Score: _____

To receive a Massachusetts Boating Safety Certificate this form must be completed in full and submitted to the Massachusetts Environmental Police Boat & Recreation Vehicle Safety Bureau