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

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: _ | | | |
| OF 12 AT THE TI IDENTIFIED BEL | ME OF TESTING AND | HAS SUCCESSFULLY C | THAS ATTAINED THE AGE COMPLETED THE COURSE TS BOATING LAW TEST |
| Organization: | | | |
| Course Name: | | | |
| Course Location: | | | |
| Course Date(s): | | | |
| Instructor Name: | | | |
| Instructor Signature: | | | |
| Course Sc | ore. | State Score: | |