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: _			
OF 12 AT THE TII IDENTIFIED BEL	ME OF TESTING AND	HAS SUCCESSFULLY C	T HAS ATTAINED THE AGE COMPLETED THE COURSE ITS BOATING LAW TEST
Organization:			
Course Name:			
Course Location:			
Course Date(s):			
Instructor Name:			
Instructor Signature:			
Course Sco	oro:	State Score:	