

## **PORTSMOUTH INTERNATIONAL PORT**

## **APPLICATION:**

- a) For Boatman's Licence
- b) For Renewal of Boatman's Licence

## NOTES:

- a) Sections 1, 2, 3, 4 or 5 as appropriate and 6 must be completed by an applicant.
- b) New applicants will be required to undertake an eye and colour vision test.
- c) Two passport sized photographs of the applicant must be submitted.

Section 1 Particulars of Applicant (to be completed in block letters)	First Name Address _	Number <sub>.</sub>						
	Colour of Eyes		Colour of Hair	Comple	exion			
Section 2 Details of Boat to be used	Name of Boat Licence No Licensing Authority Mooring Area Point of Embarkation of Passengers							
Section 3 Details of existing Boatman's Licence(s)	No of Licence Date of Issue Date of Expiry Licensing Authority Department of Transport Licence No Date of Issue Expiry Date							
Section 4 Details of service in Small Passenger Craft during past 3 years.	Dat From	То	Name o	f Craft	State whether Crew or Skipper			
If space is insufficient the Applicant should continue on a separate sheet of paper which should be submitted with this application form.								

Section 5						
Special Qualification if any (Certificate(s) must be produced at the time	<ul> <li>If you hold a Department of Transport Certificate of Competency, Yachtmaster (Coastal) or Coastal Skipper Certificate issued by the R Yachting Association, or higher please state:</li> </ul>					
of the Test)	i) ii) iii)	Type of Certificate Number of Certificate Date of Issue				
	,	est Aid Certificate ate of Issue				
Section 6						
Declaration	I declare that to the best of my knowledge and belief I am not suffering from any disease, disability which could be likely to make it unsafe for me to be in charge of vessel carrying passengers.					
Application	I WISH TO APPLY					
	** a) b) c) d)	For a Boatman's Licer Re-examination £50 For a Renewal of my Local Knowledge End	.00 Boatman's Licence	£35.00 (every 3 years)		
Payment of Fee	** Del	ete as necessary				
	I enclose the appropriate fee (Cheques to be made payable to Portsmouth City Council) I enclose 2 passport size photographs I enclose copy of current ML5 Medical or equivalent.					
	Signatu	re of Applicant				
	Date					
		FOR OFFICIAL U	JSE ONLY			
Date of Examination/Re	newal		Passed	Failed		
Date Licence made out						
Date Fee Paid _						
Date Licence sent out						
Date Particulars to File						

Port Manager's Department Harbour Offices Portsmouth International Port PORTSMOUTH PO2 8EB

