

Marine Safety Reserve

4005 20th Ave. West Room 232, Seattle, WA 98199

Phone: (206) 284-4720

Email: roberta@fvoa.org

Application for Approval of Alternate Skipper

Date submitted _____ Date to be effective _____

Name of Vessel _____

Vessel Owner _____ email _____

Proposed Skipper's Name _____ Age _____

U.S. Citizen? Yes _____ No _____ Years fished _____ Any licenses? _____

Navigational, safety, fire, or other schools attended _____

Has applicant ever run a boat before? (That is, in full charge) _____

Has applicant ever been an engineer on a vessel? _____

Has applicant ever been in charge of a vessel that had a claim? _____ If yes, describe: _____

Have you, as owner, personally checked this person's qualifications? _____

Personal references: _____

Vessels fished on _____

The undersigned owner certifies that the proposed alternate skipper has passed a test for dangerous drugs within the past 30 days and he will keep a copy of such a test report. Yes _____ No _____

We attest to the fact that the above is true and correct to the best of our knowledge

Applicant Signature _____ **Owner Signature** _____

