

< OM >

**BOATING SAFETY PROGRAM**

**RECIPROCITY & VERIFICATION OF BOATER'S TRAINING AND EXPERIENCE**

The < OM > is an Organizational Member of the Scientific Boating Safety Association.  
As such, < OM > complies with SBSA guidelines and procedures for boating education and safety.

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Working with: \_\_\_\_\_ Dates: \_\_\_\_\_

< OM > boat check out: \_\_\_\_\_ Last date U/W \_\_\_\_\_

Vessel experience, past 24 months: \_\_\_\_\_ Hours underway \_\_\_\_\_

Operating areas: \_\_\_\_\_

Additional training/experience: \_\_\_\_\_

Trailer launch	___	Anchoring	___	1 <sup>st</sup> aid	___
Beach launch	___	Hoist launch	___	CPR/AED	___
VHF	___	Navigation	___	Oxygen	___
Electronics	___	Trawling	___		___
Restricted visibility	___	Instr. deploy	___		___
Towing	___	Scuba ops	___		___

Emergency contact: \_\_\_\_\_

This is to verify that \_\_\_\_\_ is current as a smallboat operator at the  
< OM .>

For additional information contact me at the address below.

\_\_\_\_\_  
*Boating Safety Officer*

Boating Official/Office Contact information