

FIU SCIENTIFIC BOATING APPLICATION

PERSONAL INFORMATION:

Submission Date: _____

Name: _____

Gender: M F DOB: _____ Panther ID #: _____

Current Address: _____

Permanent Address: _____

Telephone: _____ (Home) _____ (Office)

Department: _____ P.I.: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Address: _____

Telephone: _____ (Home) _____ (Office)

MEDICAL INFORMATION:

Physician's Name: _____ Telephone: _____

Address: _____

Health Insurance Carrier: _____ Telephone: _____

Last Physical Exam: _____

CERTIFICATIONS AND/OR EXPERIENCE: *(Please attach copies of each)*

Type	Agency	Date	Hrs/Registration#
Boating			
CPR			
FIRST AID			
LIFE SAVING			
WSI			

Formal Boat Operation Training: _____

BOATING EXPERIENCE: *(Please list following information from your boating log)*

US Coast Guard Captain: YES NO

Florida Safe Boating Course: YES NO

Number of Months since last active boat operations _____ Months

Approximate Hours Logged: _____ hrs.

Types of Boats (circle all that apply): OB IN I/O Twin Screw Single Screw

Number of years experience as a licensed boat operator _____