



OFFICIAL BOAT DRIVER INFORMATION FORM

SECTION 1 - PERSONAL INFORMATION

Name: _____	HA Number: _____
Address: _____	Make of Boat: _____
City: _____ State: _____ Zip: _____	Boat Name: _____
Residential Address if different from above: _____ _____	Date of Birth: _____
_____	Email Address: _____
Telephone No: _____	Mobile No: _____
Gender: _____	
Has your boat been U.S. Coast Guard checked: _____	GE Tax Number: _____
Boat Insurance Policy Number: _____	

SECTION 2 - EMERGENCY CONTACT

Name: _____	Telephone No: _____
Relationship: _____	Mobile No: _____

I affirm that all information provided is true to the best of my knowledge.

Official Boat Driver Signature: _____	Date: _____
---------------------------------------	-------------

FOR OHCRA USE ONLY

Entered by: _____	Date: _____
Checked by: _____	Date: _____

Notes: