



# Close Quarter Boat Handling for Professional Boat Operators

Name: \_\_\_\_\_

Organization Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Fax: \_\_\_\_\_ (E-mail): \_\_\_\_\_

1. List your boating experience:

2. List the types of boats you have operated:

3. List the types of waterways you have boated:

Course Site Location and Date: \_\_\_\_\_

Please contact the National Safe Boating Council office for registration fees associated with your Close Quarter Boat Handling Course.

Payment:

Check #: \_\_\_\_\_

Credit Card: \_\_\_ VISA \_\_\_ MasterCard Card Number: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Name Printed on Card: \_\_\_\_\_

Purchase Order # (government only): \_\_\_\_\_

National Safe Boating Council (NSBC) Federal ID # 237424720

National Safe Boating Council  
PO Box 509  
Bristow, VA 20136  
Ph: 703-361-4294  
Fax: 703-361-5294

Payment or payment information should accompany application.

Make checks payable to the NSBC (mail to the address listed above).